

What's for Supper?
The experience of eating for women at midlife

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WHAT'S FOR SUPPER? THE MIDLIFE EXPERIENCE

This manuscript is dedicated to the seven generous women who shared their time and their truths with me. For your contributions to this research and for the personal benefits I received that are too numerous to mention, I thank you.

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Abstract

The midlife time period is not well defined and is not well understood for women, particularly in reference to eating. The purpose of this hermeneutic phenomenological study is to explore the experience of midlife for women and the meaning they give to eating. Low structured research conversations with seven Canadian, Caucasian women were analysed using van Manen's approach. The main themes that were identified were Not Me, You Lose, It's a Negotiation, and It's a Good Place. Findings of this study suggest that midlife women undergo intense and ongoing physical, emotional, and social transformations during a period in which demands on their time and energy are still high. In order to manage everyday demands, these women prioritize and make conscious choices and compromises in reference to eating that influence how their bodies feel on a daily basis.

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WHAT'S FOR SUPPER? THE MIDLIFE EXPERIENCE

There is still enough light
to see all the way back,
but at the windows
that light is wasting away.

Soon we will be nothing
but silhouettes: the sons'
as harsh
as the fathers'.

Soon the daughters
will take off their aprons
as trees take off their leaves
for winter.

Let us eat quickly—
let us fill ourselves up.
The covers of the album are closing
behind us.

Linda Pastan (2003)

WHAT'S FOR SUPPER? THE MIDLIFE EXPERIENCE

Table of contents

Abstract	
Introduction	1
Situating Myself	7
Coming to the Question	13
Literature Review	19
Midlife as Age	19
Midlife as Developmental Stage	20
Midlife in Context	21
Midlife as a Process	21
Midlife is Changing	22
Motivations to Eat	23
Social Influences	23
The Influence of Time	24
Impact of Hormones	25
Weight Management	25
The Body at Midlife	27
Summary	32
Methodology	34
Qualitative Research	34
Phenomenology	34
Transcendental (Descriptive) Phenomenology	36
Hermeneutic (Interpretive) Phenomenology	37
Methods and Procedures	40

Sampling and Recruitment	41
Enrolment Procedures	42
The Women	43
Amanda	43
Bethany	44
Cynthia	44
Elaine	45
Faith	45
Gillian	46
Heather	47
Data Collection	47
Bridling	50
Data Analysis	51
Thematic Analysis	51
Collaborative Analysis	52
Existential Analysis	54
Determination of Essential and Incidental Themes	54
Writing and Rewriting	55
Rigour	55
Findings	58
Not Me	58
I'm Not in Midlife	59
I Don't Recognise Myself	61
You Lose	66
I'm a Prisoner	68

Letting Go	72
Becoming Invisible	75
It's a Negotiation	77
There Will Be Consequences	79
Conscious Choices	83
Fighting to Keep It	86
It's a Good Place	88
There is Acceptance	89
Discussion: A Menu of Possibilities	95
Negotiating Midlife	95
Negotiating Temporality	98
Negotiating Corporeality	101
Negotiating Relationality	106
Implications	111
Implications for Education and Nutrition Practice	111
Implications for Research	115
Limitations	116
After Dinner Conversation	117
References	119
Appendices	137

What's for Supper? The Experience of Eating for Women at Midlife

The family supper, as we picture it with the entire family sitting around the table nourishing bodies and connection at day's end, is an invention of the Victorian middle-class (Cinotta, 2006). In the mid 19th century, when commerce and industry replaced farming and other forms of home-based productivity, the main meal shifted from midday to late afternoon to accommodate men who commuted to work. Suppertime became significant because it was the only time that the family was together with the patriarch. In the idealized version of supper from the 1950s, which was a time of unprecedented and since unrepeated prosperity (Cinotto), Father is dressed in a suit and tie and Mother, who has made a "proper family meal" from simple ingredients, wears a dress and pearls (p. 24). Cinotto suggests that this vision of the family supper is historically "more the exception than the rule" (p. 32) but it is an ideal we have consistently aimed to achieve.

In the 21st century, however, children are often raised in single-parent households (Statistics Canada, 2015), in which busy lifestyles leave little time for a family to sit together for a meal, and many women work outside the home (Statistics Canada, 2015). Yet even after she has completed a long day a work, food preparation often still falls to Mother (Beagan, Chapman, D'Sylva & Bassett, 2008). For at least some of the women, the question "What's for supper?" elicits a sense of dread, whether she is being asked the question by someone under her care or as she ponders a meal for herself. She wonders what is in the pantry that is nutritious, enjoyable, and can be prepared with haste and a modicum of fuss. Alternatively, she may mentally scan the menus of restaurants she will pass on her way home in an effort to find a meal that meets both her budget and the nutritional goals she has set for herself and her family. Rather than offering a time for

relaxation with family, then, supper is often one more chore for women to complete.

As she reaches midlife, perhaps the significance of eating and the perception of late afternoon meal may also change. Developed from the Old English *non*, the word noon originated in the Latin *nona hora*, which referred to the ninth hour of daylight or about 3pm (Barnhart, 1988). When the Church changed prayer times from the ninth to the sixth hour, the word noon began to symbolize midday. The time after noon, then, came to refer to the hours past the midpoint of the day (Barnhart, 1988). To psychologist Carl Jung (1933), the word afternoon symbolised the time past the midpoint of a life, as well. Jung used the metaphor of a day to illustrate his theory of development. According to Jung, the dawn is childhood. The morning of our lives, which lasts from puberty until about age 35 or 40 years, is our young adulthood. The morning is a time of accumulation: Our goals are unconscious and outward, and include acquiring life skills, experience, a mate and children, financial resources, and prestige. In the afternoon of life, according to Jung, our focus shifts inward or becomes conscious. At this time, we concern ourselves with assimilating the conscious and the unconscious minds in order to cultivate the complete personality. The evening refers to our later years when we prepare ourselves for death. Jung believed that we cannot use the same strategies in the second half of life as we do in childhood and that we are caught unawares when we reach the point of transition from one to the next.

Thoroughly unprepared, we take the step into the afternoon of life. Worse still, we take this step with the false presupposition that our truths and our ideals will serve us as hitherto. But we cannot live the afternoon of life according to the program of life's morning, for what was great in the morning will be little at evening and

what in the morning was true, at evening will have become a lie (Jung, 1933, p. 108).

The afternoon of our lives, then, is an important yet confusing turning point.

Part of the reason for the confusion may well be that midlife is a relatively new life-stage, in the sense that life span has only recently expanded sufficiently to create it (Skolnick, 1991). Ancient Romans who survived childhood, for example, were expected to live only 47.5 years (Frier, 1983). This meant that one's life was adequately long to procreate and raise offspring to adulthood before taking one's final breath. By comparison, life expectancy in Canada is now 77 years for men and 82 years for women, and has increased an average of 20 years for people born in the past century alone (Statistics Canada, 2012). This suggests that although we cannot be certain when our lives will end, we now have a somewhat expected buffer of time between raising babies and resting in the grave. We have not yet come to terms with what that extra time means to us.

Midlife, argues Skolnick (1991), is the "latest life stage to be discovered" (p. 163) and it was not until the early 20th century that developmental psychologists began to consider it in earnest. As Agronin (2014) summarizes, Erik Erikson built upon Freud's initial stages of development for the very young in 1950. Erikson held that transition to each developmental phase involves a central tension and the stages were named for the tension they represent (Agronin). It was Erikson (1985) who coined the term "identity crisis" that occurs during adolescence, which he considered to be the fifth stage of development (p. 9).

The concept of a midlife crisis entered the conversation in 1965, in an article

written by Elliot Jacques for the *International Journal of Psychoanalysis*. Jacques suggested that the crisis occurs as we face our mortality, come to terms with the time we have remaining to us, and decide what we will do with it (Jacques, 1965). Lachman (2004), however, writes that most midlife adults assume "there is still just as much time left as has gone by" (p. 310). She argues that being in midlife may precipitate changes, but it does not necessarily involve a crisis (Lachman). Indeed, despite taking on near mythical status in popular culture, there is little empirical evidence for the notion of a crisis in midlife (Freund & Ritter, 2009).

While there is disagreement about this life stage generally, confusion about the experience of midlife for women is amplified because male 20th century psychologists viewed adult development through a male lens (Gilligan, 1982). As psychologist Carol Gilligan (1982) argues, theories in which separation, individuation, and achievement are viewed as the ideal endpoints are in alignment with male growth, but ignore goals such as interpersonal connections that are part of female development.

Clouding our understanding of this life stage for women is the fact that research into the female experience of midlife has also historically focused on the menopausal transition, although menopause is but one aspect of this time of life. About the same time that middle-class Victorians started to value gathering for the family supper, scientists entered the dialogue to support the position of women as wives and mothers (MacPherson, 1981). It was widely held that women's health and behaviour were controlled by their ovaries and uterus from puberty through to menopause and women were medically advised to conserve their energy to support their reproductive systems (MacPherson). Scientific explanations for the unpleasantness of menopause for some

women, explains MacPherson "ranged from too much education, attempts at birth control or abortion, undue sexual indulgence, insufficient devotion to husband or children, or the advocacy of women's suffrage" (p. 100). Although the cause of symptoms appeared to be the result of a woman's choices and actions, the solution often involved oophorectomy or surgical removal of the ovaries. As a testament to the patriarchal perspective on women's health, oophorectomy was termed castration (MacPherson).

Scientific advances in the 1930s led to the discovery of the vital roles of hormones in female reproductive health, and not long after, menopause was acknowledged as a deficiency disease by the medical establishment (MacPherson, 1981). In 1966, the marketing of menopause as a disease became popular when Brooklyn gynecologist Robert Wilson published his book *Feminine Forever*. In it, he wrote that "no woman can escape the horror of this living decay... even the most valiant [menopausal] woman can no longer hide the fact that she is, in effect, no longer a woman" (Wilson, 1966, p. 43). Wilson's book played a significant role in propagating the North American belief that menopause is a disease requiring the intervention of a physician, which is a belief that persists in varying degrees to this day (MacPherson, 1981).

While menopause is merely one aspect of the midlife experience for women, it seems to be a major focus of research concerning women at this life stage. Less abundant are the queries that investigate how women cope with the experiences of midlife (Banister, 1999). This life stage is definitely a time of great changes and great challenges for women. They may feel the pressure of being sandwiched between two generations that make demands on their time and energy as they raise their children and

simultaneously become more involved in care of their aging parents (Buck, 2013), including, perhaps, providing appropriate and possibly different meals for both. Many women also continue to work in challenging jobs and have other commitments outside the home (Statistics Canada, 2015). How do the women adjust to the demands on their time? How does eating fit into their lives now that they are at midlife?

Although Canadian women are living longer (Statistics Canada, 2013), a healthy quality of life is not guaranteed and is largely dependent on proactive care strategies including nutritious diet. As providers of care for others, however, women may neglect extending that care to themselves (Chassin, Macy, Seo, Presson & Sherman, 2010). In the short-term, poor nutritional choices have been identified as factors to explain why women become overweight or obese (Worsley, Wang & Hunter, 2012). The long-term consequences of neglect may include an increased risk of largely preventable chronic diseases including type-2 diabetes and cancer (Samieri et al., 2013).

The connection between diet and health is well-established in nutrition literature (Crawford, 1988) and in popular culture, but there are gaps in research concerning the disconnection between what women at midlife know about healthy eating and what they do in terms of their own eating behaviour (Paquette, 2005). Still less is known about how women experience the gap between knowing and doing or whether indeed women at midlife perceive that such a gap exists. It is also important to consider if there are factors other than nutrition that influence eating for women at midlife. If other factors exist, what are they? In my hermeneutic phenomenological study, I explored how women experience midlife and the meaning they give to eating as part of that experience.

Situating Myself

I was not always interested in how food choices impact health. Like many who choose the health field as a career, my decision was prompted by diagnosis of a health concern. As a teenager and young woman, I had considered myself to be a healthy eater in the naïve sense that I avoided dessert and counted calories. In my mid-thirties, this perspective changed. My toddler son was diagnosed with a minor congenital heart defect. The cardiologist told me that my baby could live to an old age without a day of trouble, or that he could need a heart valve replacement before he reached age twenty. I made the decision that day to learn how to proactively care for his heart.

My initial research revealed that a diet low in saturated fat combined with an abundance of fruits and vegetables would be heart protective. Through the process of learning more about how to feed my son, I started to value the potential impact of food both as a trigger for ill health and as a powerful tool for healing. My personal relationship with food began to change. To me, food was no longer simply a necessity to abate hunger and I realized the powerful concept of letting “food be your medicine” as Hippocrates had advised (as cited in Hardy, 2005). The word nutrition is derived from the Latin *nutrire*, which means “to feed, nurse, foster, support, preserve...to suckle” (Barnhart, 1988). At the time of his diagnosis, my son was starting to move away from my breast as his major source of nourishment, yet I saw how I could continue to offer him the most healing forms of nourishment through the foods I would introduce. Providing food as medicine became something that I decided to do for my entire family and, for myself. My intense focus on learning how to feed my young son’s body in a way that would support healthy longevity for him turned into a passion that became a career.

I have worked with women almost exclusively since my career as a nutritionist began. This happened without conscious planning in the early stages. Over time, I realized that my audience at workshops and lectures was primarily female and so were my clients. I am not sure why it happened this way and neither the audience members nor my clients provided a reason. Truthfully, I did not ask. Regardless, as a result of the obvious attraction of women to my work, I started to market my services exclusively to them. In the process of developing my business, through self-study, I also learned that women make the majority of decisions about food and healthcare in the home, a finding that is supported in literature (O'Donnell & Kennedy, 2011). Focusing on helping women to be healthy, then, potentially created a cascade effect that could encourage healthy eating habits in families. Working with women became the exclusive focus of my speaking, writing, and consultation practice. As I aged, so did the women with whom I worked.

For years, I was excited about the potential to help women achieve their nutrition and health goals. I would scour research for the latest research findings to add to my toolkit as an educator and practitioner. I soon learned, of course, that the latest research is fun to incorporate as a finishing touch, but most women first need to adopt the basics of balanced nutrition, which refers simply to avoiding high fat, high sugar choices, and incorporating more water, fruits, vegetables, lean sources of protein. That, it seemed to me, was sufficiently challenging for my clients.

Gradually, I began to realize how often I repeated myself when I spoke with women. I do not mean that each new audience heard a message that I had given previously, because repetition is inherent in a lecture series or tour. Instead, I mean that in

a succession of conversations with one woman, I would repeat the same information and the same strategies. Together, we would agree on the same “next steps” that we had agreed upon in earlier conversations. I felt as if I were caught on a hamster wheel, as were the women I wished to help.

I began to question what was happening and I became disillusioned with the education and consultation model on which I had built my business: It did not work. Women were not making the changes that I recommended to support their short-term health goals and their potential long-term vitality. I realized that whatever blocks exist for the women with whom I was working had perhaps nothing at all to do with lack of information about healthy eating. So, then, I began to wonder what women need in order to make healthy choices. I questioned whether healthy eating were important to them? Do women perceive other concerns to be higher priorities? What do women need in order to make healthy eating a higher priority? What is getting in the way of making those choices or being consistent with an agreed upon strategy for change? What is the experience of having nutrition information yet not incorporating it into their menu selection for these women? What obstacles are there for women? Do women perceive these obstacles as insurmountable? I became rather interested in knowing more about the nutritional journey of women at midlife.

Before beginning this research, I believed that women might share more openly and completely if I were not in a consultation relationship with them. I was suspicious that women who have paid for my expertise in the nutrition consultant-client relationship might be inclined to tell me what they think is an acceptable response to my queries rather than what may be a real experience for them, regardless of whether the information

were accurate. If it is true that women are not completely forthright with me in the consultant-client relationship about their challenges with implementing nutrition strategies, I wondered, what, then, are these challenges? If they do not perceive the solutions we agree upon to be worthwhile, why do they agree to them? As this study began, I was hopeful that women would be more inclined to share their perceptions of their challenges in healthy eating at midlife when I came to them as a researcher, interested in their experience, and not as an expert in how they should eat to be healthy.

At the same time that I started to experience career disillusionment, my lifelong relationship with my body began to change. For decades, my body and I have lived together in rather peaceful harmony. This relationship has worked well because I have learned to give my body what it needs to function optimally and in exchange, I have received benefits including a lean and strong physique, glowing skin, ample energy, regular monthly cycles, restful sleep, and even moods, or what I consider to be vibrant health.

As I glided into my late forties, however, my body became unpredictable. At the age of 47, I got my first prescription for reading glasses. I began to gain weight around my middle without any change in diet or exercise. Migraines, which had haunted me in my early teens and twenties and after each of my two pregnancies, came back into my life. As days passed, I continued to tweak my health routine and my body continued to change. Although I see myself as separate from my body, my body is the vehicle with which I travel this lifetime, and in this way, we are forever connected. As my body changes, so do I.

I see the world differently. I no longer believe that cause implies effect. I make all

the “right” choices to support my health and yet, I gain weight. I maintain a regular sleep schedule, yet, occasionally lie in bed for hours before sleep comes or I awaken throughout the night. I value loving relationships, yet sometimes choose to remove myself from company to avoid uttering an impatient retort or fail to couch criticism with kindness. I wonder if other women have similar experiences and what it is like for them to be at midlife. Intellectually, I understand that everything I am experiencing is the result of aging in general and peri-menopause is likely to be a particular influence as well. Emotionally, however, I find it not an easy vitamin to swallow. In my darkest moments, I feel powerless about what my body is doing.

This feeling of powerlessness does not define me, however; in some ways it forces me to test my power. Indeed, this feeling partly inspired my decision to apply to graduate school. Yet, I am learning to accept that aging will involve an amount of letting go of youth. For me, this includes letting go of a part of my identity. I have always associated my personality and my physicality with youthfulness. This opinion of my youthfulness has been reinforced for me through my energy levels, health, and physical appearance. Age, to me, has always been a number and not a reflection of the way that one is supposed to be. Indeed, it was only at the beginning stages of peri-menopause that I became conscious of the fact that my fiftieth birthday was just around the corner. As of now, even this auspicious event has been immortalized in my photo album. Although I never thought about aging or considered myself to be middle aged, I have surpassed the half way mark for life expectancy in Canada (Statistics Canada, 2013). I am, in fact, in midlife.

The evidence is all around me. One of my children is a young adult and the other

is growing daily into a more independent teenager. My relationship with my eldest, a daughter, has morphed into that comfortable friendship that can happen for the lucky ones and I am grateful to be a lucky one. Men no longer stop in their tracks as I pass by on the sidewalk. In fact, sometimes I am invisible to people on the street. While in my youth that might have stung more than I would like to confess, now I occasionally enjoy the ability to move through the world without caring about how I am perceived by others.

There are other signs that I am in midlife, too. My mortgage is almost paid off, which surely indicates the passage of several years. I no longer feel I have to please everyone all the time. I say no when I want to say no, and the guilt dissipates rather quickly if it appears at all. I am learning what free time is, and learning that I can spend it on myself. Again, there is no guilt. In these respects, midlife has offered certain benefits.

In coming to terms with my past youthfulness, I do not feel as if I have to let go of my youthful spirit. I still have an abundance of energy, though not as much as I once had. I am still curious about the world and the people in it. I still have plenty of goals and will likely create a few more in the coming years. I still have youthful optimism and I still think that age is a number. I often forget my own number until a reflection in a darkened computer screen or window shows me the image of a woman who my much younger mind's eye takes a moment to recognise. For me, middle age came so gradually that I found myself standing in it without noticing when it happened.

Because this experience of fleeting powerlessness is new for me, I am left to question whether other women also feel this way. Perhaps other women have felt this way for a longer period of time. If so, does a sense of powerlessness about how the choices they make impact their bodies provide some explanation for the seeming

dissociation between food choices and health I have observed in women? As I have witnessed changes in my own being, I have become more curious about how other women experience midlife.

Part of my research question, then, is to explore how women feel in and about their bodies at midlife, regardless of whether they see midlife as the middle period or the midpoint in life, or if they define it some other way. How does a midlife woman's experience of her body impact the choices she makes about the care of nurturing of her body? What other influences are at play when she decides what to eat?

Coming to the Question

I started this project knowing my question would involve women in the middle years and would address some aspect of food and eating, particularly in reference to the relationship between food and health. This decision was based both on my curiosity about women who may share similar life experiences to my own and in response to gaps in what is known about women who are at midlife. Lyons, Langille, and Gardner (2005) point out that specific health information about middle aged Canadians in general is lacking and further, as Geller, Koch, Pellettieri, and Carnes (2011) suggest, women have broadly been under-represented in health studies. Through assessment of the literature on midlife women, I have discovered that this life-stage is a term without a definition, a finding that I will discuss in greater detail in my literature review. I wondered if the lack of specific age parameters concerning midlife would hamper my study. Upon reflection, however, I realized that my concern was unfounded. I have been able to place myself into a midlife timeframe without first researching literature to determine if I qualified and I was prepared to assume that other women would be able to make a similar distinction for

themselves.

Refining my question proved to be a journey and one that continued to unfold even as I was in conversation with the participants. The starting place was my understanding, based upon my experience in counselling women about eating for health, that many women do not make eating choices that support health. This observation supported by both statistics and various studies. Since 2009, there has been a steady increase in rates of overweight and obesity, diabetes, and high blood pressure in Canadian women between the ages of 35 and 65 years and cancers continue to be the primary cause of death for women before age 85 (Statistics Canada, 2013). Many studies (Chedraui & Perez-Lopez, 2013; Cox, Chapman-Novakofski & Thomson, 2013; Jankovic et al., 2014; Thorogood, Simera, Dowler, Summerbell & Brunner, 2007) conclude that food selection plays a pivotal role in how women age.

In order to help achieve positive health outcomes, Health Canada published *Canada's Food Guide*, which recommends that adult Canadian women consume at least 7 to 8 servings of fruits and vegetables daily (Health Canada, 2011) and yet, in 2009, only 51% of women aged 12 years and over reported consuming at least five daily servings of fruits and vegetables (Statistics Canada, 2013). Most women are at least moderately concerned about issues regarding their weight, health, and nutrient intakes (Lahmann & Kumanyika, 1999), but at the last census, only 68% of women who assessed their health as poor had made changes to improve it (Statistics Canada, 2013).

Accepting that most women are at least moderately concerned about nutrition and health, why are nearly half of Canadian women falling short of the recommended daily intake of fruits and vegetables? What do women perceive as healthy choices? The answer

is not clear. In a Canadian meta-analysis of 38 studies on perceptions of healthy eating, Paquette (2005) found that “more data are needed on the perceptions of healthy eating in general... and, most important, on the role of perceptions of healthy eating as a determinant of food choice” (p. 15). If more general research is needed, then it follows that we also need more research about how women at midlife perceive healthy eating.

As I moved through the literature to discover what is already known about nutrition for women at midlife, I started to consider that perhaps it was not necessarily how women define “nutritious” that motivates food consumption, but rather how women’s beliefs about nutrition (in whatever way it is perceived) guide their eating behaviour. In their Canadian study, for example, Chapman and Beagan (2003) investigated the nutrition beliefs about of 62 women between the ages of 40 and 60 years in order to explore the perceived connection between diet and breast cancer. Approximately half of the study participants were survivors of breast cancer. Three dominant viewpoints on healthful diet emerged, with varying degrees of overlap regarding the consumption of meats, fruits, and vegetables. Dominant groups included an alternative cohort who expressed an additional interest in avoiding chemicals in foods. The researchers also described four outliers who shared none of the dominant beliefs. These outliers either did not talk about whether or not foods were healthy choices or they held beliefs about the “interconnectedness of food choices, spiritual health, and physical health” (Chapman & Beagan, p. 138). Nutrition, then, did not guide eating behaviour for the women who were outliers. In another study of women and eating habits, Chapman and Beagan discovered that some women outright rejected the beliefs of the group concerned with chemicals in foods, using terms like “health nut” or “fanatic” (p. 138) to

describe people with these beliefs. These derogatory terms suggest that some women may have hostility about or resistance to eating nutritiously. If so, what impact do these beliefs about food have on their experience of eating?

Wang and Worsley (2014) argue that beliefs about food and eating are very important in terms of food selection. The researchers suggest that people ascribe an “oughtness quality” to foods (p. 593), meaning that we believe we “ought” to eat certain foods rather than other options. Further, the authors suggest that the beliefs about what ought to be eaten influence food choices and eating behaviours. Does this connection exist for women at midlife? Do women’s beliefs guide their food choices and eating behaviours? If so, what beliefs are they? Are these beliefs about food, or are there other beliefs at play?

What happens if women believe that they “ought” to eat certain foods, yet make different choices at mealtimes? Do women perceive conflicts between their beliefs about food and their eating behaviours? Do they perceive conflicts between other non-food related factors, for example time or financial concerns, and their eating behaviours? I became aware that this might be the experience of my clients who seem to be in the gap between what they believe they “ought” to eat, and what they actually eat. So often, I have heard clients admit in quiet voices that a birthday celebration or a particularly difficult experience was a factor in an eating or drinking decision that fell outside of their food strategy. Although I promote what I consider is a very balanced approach to eating that includes celebrating with birthday cake and enjoying a glass of wine on occasion, my clients would be apologetic when telling me about these choices. What emotion is behind the words they deliver? What is that experience like for them? If it is true that food

beliefs guide eating behaviours as Wang and Worsley (2014) suggest, how does that process take place for women? What is it like for women when their eating behaviours are in alignment with their beliefs? What is it like when they are not? What if a woman's eating behaviours are not associated with nutrition and health at all? Thus, my research question emerged: What is it like to be a woman at midlife, and what meaning does eating have for women at midlife?

Since there is much to learn about the midlife experience for women in general and the meaning they give to eating in particular, I chose to use hermeneutic phenomenology for my study, which will be described in detail in the Methods chapter. Hermeneutic phenomenology involves the exploration of a phenomenon with particular reference to the meaning given to it by those who have experienced it or who are in the process of moving through the experience (Van Manen, 1990). For this type of research, data collection involves using open-ended questions so that participants do not feel restricted about what they wish to share and so that they can describe the phenomenon as they experience it (Lavery, 2003). This method also requires that the researcher is receptive to the descriptions provided by participants rather than bringing personal expectations into the research (Dahlberg, 2006).

Because I was conscious of my intention to learn about the eating experience of women at midlife and was open to what they shared as they answered my questions, I became aware rather early in this investigation that the women's accounts of their experiences had shifted the study focus. Although I began this research with the hope of understanding more about eating at midlife, conversations with the women revealed more about the experience of midlife as a whole, in which the experience of eating is

intertwined. Thus, this study became an exploration of the midlife experience and the meaning that women give to eating. Insights from this research will help to guide nutrition and health promotion strategies focused on midlife women, and suggest new questions for consideration in future studies.

LITERATURE REVIEW

Of the available literature relating to nutrition and eating behaviour for women at midlife, the majority tends to focus on obesity and weight reduction, as well as on the association between body image and food restriction. Research studies were identified through Brock SuperSearch, Food Science Source, MEDLINE, and Web of Science, as well as through reference lists in retrieved articles.

Midlife as Age

Midlife, it seems, is the most “ill-defined of any period of life” (Lyons et al., 2005, p. 4). In studies that purport to use participants at midlife, the participants can range in age from 20 years (Paisley & Skrzypczyk, 2005) through to age 66 (Anderson & Yoshizawa, 2007). Some authors define midlife for the purposes of their particular studies and these definitions have included such disparate age ranges as ages 35 to 55 years (Sabia, Elbaz, Rouveau Brunner, Kivimaki & Singh-Manoux, 2014), 30 to 60 years (Marshall, Lengyel & Utioh, 2012), 40 to 64 years (Brown, Smith & Kromm, 2012), 51 to 66 years (Anderson & Yoshizawa, 2007) and 49 to 71 years (Hammarström, Fjellman Wiklund, Lindahl, Larsson & Ahlgren, 2014).

Midlife is the period of life in which most women experience the menopausal transition (Reid & Willis, 1999). According to O'Neill and Eden (2010) in their scoping review of the literature concerning the pathophysiology of menopausal symptoms, the onset of menopause typically begins between the ages of 45 and 55 years, with a median age of 51 years. In a scoping review of the health experiences of women between the ages of 42 and 60 years, Newhart (2013) suggests that women “who live into late midlife experience the transition out of ... menopause” (p. 365). If this association and age range

is made, then age 60 would be considered late midlife. Thus, studies involving midlife women have typically involved participants from a variety of ages and age ranges. The increase in life span in countries such as Canada over the past two decades (Statistics Canada, 2012) may also contribute to the ambiguity and perhaps suggest a re-thinking of age as a marker for midlife.

Midlife as a Developmental Stage

Psychological research views midlife through a developmental lens. Carl Jung, for example, held that the first half of life is a time of outward expansion and that one's focus is on mastering the outer world through the acquisition of external rewards such as social skills, a mate, and a career (Crain, 2000). Influences on this development include parents, family, church, and peers. The midpoint of one's life, which Jung considered to be approximately ages 35 to 45, ushers in a period of transition, in which internal forces hold sway over the expectations of others. The adult begins to question his or her life purpose, in a process Jung termed *individuation*. Jung believed that this period leads the person toward becoming the person one is meant to be.

Erik Erikson theorized an eight stage model of psychosocial development that includes three stages in adulthood. Early adulthood focuses on resolving "intimacy versus isolation" (Erikson, 1985, p.57). This is the stage in which we select partners and procreate (Agronin, 2014). In middle adulthood (ages 35 to 65 years), the primary tension concerns "generativity versus stagnation" and involves making a commitment beyond serving the self (Erikson, p.59). Typically, generativity involves child-rearing, but it can also incorporate mentoring and guiding the next generation in non-parental way. Generativity, according to Erikson, involves creativity and includes "a kind of self-

generation concerned with further identity development” (p. 67). After age 65 years, the challenge of maintaining "integrity versus despair" (p. 69) involves avoiding the tendency to dwell on losses and mistakes. It may be significant in reference to this study to consider that Erikson's psychosocial stages were based on studies of white, middle-class males rather on studies of women (Schuiling & Low, 2006).

Midlife in Context

The experience of one's midlife, argue Reid and Willis (1999), locates individuals in time. People who enter this stage in the early 21st century will have markedly different expectations and experiences than those who entered midlife 100 years ago. Reid and Willis suggest that the boundaries of midlife are fluid and that midlife encompasses the period of life for parents during which their children will start school and ends at the point in which offspring reach early adulthood. Notably, this description fails to consider adults who are childfree. Regardless of parental status, however, Reid and Willis write that, during midlife, careers often peak and women may return to the workforce after having raised their children. The early midlife period is filled with social and personal responsibilities, while later midlife may involve anticipating the relinquishing of these obligations or, indeed, the relinquishment of them.

Midlife as a process. Howell (2001), in a grounded theory that explored midlife in women, identified three stages that are consistent with the process of midlife. This study, which involved 18 Caucasian women in rural Idaho, suggested that the first stage of midlife is external awareness. In this stage, the women experience anger and confusion as they become aware of the changes they face. In the next stage, internal awareness, women shift from anger to sadness as they grieve the losses associated with midlife

changes. Finally, in the third stage, termed behavioural adjustments, the women become optimistic and experiment with new behaviours that reflect insights about their changed and changing situations. In a subsequent study, Howell and Beth (2002) investigated the midlife experience of 11 urban women who lived in Manhattan, New York, and who were both Caucasian and African American. The authors found similar results in this research. Howell and Beth (2002) determined that movement through the process of midlife was non-linear for the women in their study and that women could experience stages more than once.

Midlife is changing. Undoubtedly, the midlife experience has changed and is still changing (Skolnick, 1991). In her book that considers the evolution of the family, Skolnick writes that society in the last century transformed to one in which there is normative life course that focuses on age as a measurement of progress through life. Increasingly, this *chronologisation* of the life course has become more individualised as some women choose to have their first child after age 40 or run a marathon after celebrating a ninetieth birthday. What value, then, is considering age as a marker of midlife? Indeed, as Baruch and Brooks-Dunn (1984) write, in the introduction of their book about the midlife experience for women, the middle years are too often depicted as "a staging area on the way to old age" (p. 1). The query then becomes: How does one define old? When does old age begin? How does one determine passage from midlife to old age?

Whether midlife is considered to be an age, a stage or a process for the women in this study, its meaning is not yet fixed. Perhaps, as Schuiling and Low (2006) argue, "midlife is actually a transition more than a phase of the human life cycle, and during this

time many women experience the recognition that their lives are changing" (p.32).

Motivations to Eat

In reference to food decisions, the literature shows that both sexes of all ages are influenced not only by the physiological need for food to fuel activity, growth, reproduction, and body maintenance (Thompson, Manore & Sheeshka, 2014) but also by distractions, sensory cues, and both psychological and social influences (Renner, Sproesser, Strohbach & Schupp, 2012). Renner et al. established fifteen distinct motivations that influence food selection in everyday life and developed The Eating Motivations Survey, which has since been validated. Their quantitative cross-sectional study took place in Germany and involved 1250 men and women who ranged in age from 15 to 77 years with the median age of 34 years. Participants completed an online questionnaire regarding eating motives that had primarily been suggested by previous research. While not specific to midlife or women, the findings of the study suggested that there are multiple motivations for eating. These included familiar concepts such as flavour, habit, hunger, convenience, pleasure, traditional eating, sociability, price, visual appeal, weight control, and mood regulation. Weight control and affect regulation are also key motivators in eating. The findings of this study also suggested that natural concerns (environment and food toxins) motivated food selection, as did concerns about health. In this study, whether or not a food "agreed with" a participant was included as a health motivation.

Social influences. Renner et al. (2012) also established a role for social influences as eating motivations. Social norms, which researchers defined as eating due to the expectations of others or because non participation would be considered impolite, also

influence whether we eat. Too, social image, which involves eating to positively impact the impression of others, was found to be a factor in eating motivations.

The influence of time. Age may also impact eating behaviours. In their cross sectional study to test the validity of a 9-factor Food Choice Questionnaire that involved 184 women and 174 men between the ages of 18 and 87 years, Steptoe, Pollard and Wardle (1995) found a correlation between age and health as a motivation for food selection in women. Similar to Steptoe et al., Renner et al. found that the younger participants in their study ranked flavour as more important than did older participants but that older participants were influenced more by environmental concerns and future health as a motivation for eating. This may be related to a longer-term orientation to eating by older participants. Time orientation refers to where the focus is placed regarding time: Long-term orientation entails a focus on the future, while short-term orientation involves a focus on the present.

Dassen, Houben, and Jansen (2015) also considered time orientation and its impact on eating behaviour in their quantitative cross sectional study. In this research, 151 Dutch-speaking male and female participants who ranged in age from 18 to 60 years with a mean age of 31.5 years completed an online questionnaire. Dassen et al. found that people who were concerned about their future health reported healthier eating choices. Conversely, short-term time orientations led to less healthy choices in this study.

The question of time orientation is particularly salient in respect to understanding the experience of eating for midlife women. Are midlife women considered to be part of the younger set or the older set with respect to their time orientation? Specifically, are

midlife women more inclined to have a short-term or long-term orientation to food selection? How does their time orientation influence their experience of eating?

Impact of hormones. Research also shows that hormones impact appetite, energy metabolism, and eating behaviours in women. In their scoping review, Somogyi et al. (2011) investigated the roles and interaction of hormones such as ghrelin on the regulation of food intake. Ghrelin has been shown to stimulate food intake and may act as the antagonist of the hormone leptin. Leptin promotes a decrease in food consumption and increases energy expenditure, while the thyroid hormones thyroxine (T4) and triiodothyronine (T3) increase both food intake and energy expenditure. The hormone insulin is crucial in the regulation of blood glucose and energy balance. Sex hormones also influence eating. Hirschberg (2012), in his discussion of research concerning interactions between sex hormones and neuroendocrinological mechanisms in the control of appetite and eating in women, writes that estrogen inhibits appetite while testosterone encourages food intake. The hormones mentioned here along with others interact to promote or inhibit eating behaviour (Somogyi et al., 2011), yet we are not consciously aware of their influence. Is it possible that hormone drivers may work against the conscious choices that women at midlife would prefer to make? If so, what is that experience like for them?

Weight management. Many of the studies investigated for this research include a weight component, despite a finding by Sudo et al. (2009) that not all midlife women are primarily motivated by weight concerns when choosing foods. In a quantitative, cross-sectional study that sought to identify eating attitudes and determine the relationship between attitudes and overweight or obesity, Sudo et al. administered the Attitude

Questionnaires to 200 mostly Caucasian women, between the ages of 35 and 50 years. The questionnaire included 99 Likert-type questions that used a six point scale. Results from the study suggest that there are five distinct eating attitudes. In the study, 22% of participants had a "guilt ridden dieter" attitude that indicated they were constantly trying to lose weight. The remaining participants held the attitudes "concerned about nutrition" (15%); "creative cooks" who primarily saw their role as the family meal provider (35%); "busy cooking avoiders" for whom eating is not a priority due to busy lives (12%); and impulsive eaters (16%) whose attitude is to "live to eat" (p. 1089).

Eating behaviour research also focuses on body image, which is defined as a "mental image of the body as it appears to others" (Featherstone, 1991, p. 194). Body image studies that have investigated food intake frequently involve eating disorders. For example, in their quantitative, online, survey-based study that involved 1849 anonymous women over age 50, Gagne et al. (2012) were interested in determining the prevalence of current and past core eating disorder symptoms, as well as weight control, body checking behaviours, and weight and shape concerns. Mangweth-Matzek et al. (2014) also explored eating behaviour and body image in their survey-based study that involved 715 women between the ages of 40 and 60 years. These studies, which have focussed on midlife eating for women, reflect a narrow focus, in that they consider only restrained eating and its connection to body image, which excludes women who do not use restrained eating behaviours.

In their scoping review of the literature concerning the complexity of food decision making, Bublitz, Peracchio and Block (2010) define restrained eating as food monitoring, which includes an ongoing effort to resist the urge to eat and involves

vacillating between under-consumption and over-consumption of food. Disordered eating frequently involves severely restrictive food behaviours or bingeing and, although often associated with adolescent and young adults, is also present in women who are middle aged (Mangweth-Matzek et al., 2014). In their scoping review of the literature concerning body image in older adult women, however, Kilpela, Becker, Wesley, and Stewart (2015) suggest that a great deal of the literature concerning body image and eating behaviour in older women is confounded with disordered eating and the authors called for more research of the relationship between body image and normative variations in eating. Other than in reference to unhealthy relationships with food, however, there is a paucity of information about the experiences of women as they navigate food selection and the process of eating (Kilpela, et al.).

The Body at Midlife

Just as midlife eating studies have tended to focus on body mass and body image, so, too, do studies that investigate a woman's experience of her body at midlife. For example, in a quantitative cross-sectional study that involved 1053 women between the ages of 30 and 74 years, Allaz, Bernstein, Rouget, Archinard and Morabia (1998) used a survey to investigate the desired weights of midlife participants. McLaren and Kuh (2004) also focused on weight in their quantitative investigation of body satisfaction. Through a postal survey that was completed as part of a longitudinal study on body weight by 1026 women who were 54 years of age, participants were asked whether they were happy with their current weight or would like to change their weight; how satisfied they were with their body weight or shape since age 50 using a 6-point Likert-type scale; and whether they were actively trying to change or maintain their weight. Participants

then completed the Body Esteem Scale that includes questions about appearance and weight. Significantly, weight dissatisfaction was reported by nearly 80% of study participants.

Studies of body image and weight are arguably relevant to this study. In a scoping review of the literature concerning weight changes at midlife, Davis et al. (2012) write that unfavourable changes in body composition including abdominal fat deposition are common at midlife. Based on the findings of McLaren and Kuh (2004), in which the majority of participants were dissatisfied with their weight, it could be expected that women would become increasingly dissatisfied with their bodies should they gain weight at midlife. Prais and Janowsky (2010), however, compared body dissatisfaction and other aspects of body image in 19 younger women (25-35 years) with that of 19 older women (65-89 years), using questionnaires and Figure Rating Scales, and found that body dissatisfaction remains stable during the middle years. These findings are consistent with those of Pearce, Thøgersen-Ntoumanis and Duda (2014) in their scoping review of the literature of body image during the menopausal transition. Although these authors concluded that the level of body dissatisfaction remains static throughout adulthood for women, they also suggest that there is a complex relationship between body image and body changes at menopause and call for more research concerning the perceptions of women regarding these body changes.

Despite the apparent emphasis on weight and its association with body image in various studies, body image encompasses more than weight and is not always negative (Tylka & Wood-Barcalow, 2015). In a scoping review of the literature about positive body image, Tylka and Wood-Barcalow write that positive body image is distinct from

negative body image and includes such facets as body appreciation, body acceptance and a broad conceptualization of beauty. Positive body image is holistic, protective, and is both stable and malleable. The authors also argue that positive body image is linked to perceived acceptance by others and is shaped by social identities. Finally and significantly, positive body image is not merely the absence of negative body image and should not be measured on a continuum, with negative body image on one end and positive body image on the other. Tylka and Barcalow note that the study of body image has focused on pathology until the last decade, which suggests that there is still much to learn about positive body image in general and for women at midlife in particular.

The question then arises as to whether experiencing one's body encompasses more than body image or "body as object" (Mulgrew & Hennes, 2015, p.127). Fredrickson and Roberts (1997) proposed self-objectification theory as a framework for understanding the experience of being biologically female in a society that sexually objectifies the female body. Self-objectification theory proposes that a woman is inclined to internalize an observer's perspective of her physical appearance as a primary view of herself. Seeing herself as an object in this way can lead to undue attention to her appearance, coupled with anxiety and diminished awareness of her body's internal state.

Most recently, body image researchers have started to investigate the role of body functionality, which is expressed as anything that the body can do and feel (Alleva, Martijn, Van Breukelen, Jansen & Karos, 2015, p. 81). This perspective considers the body as process and encompasses all of our physical capacities such as digestion, sensation, and stamina as well as creative expression and self-care. Studies that emphasize the concept of body as process have linked body functionality with lower

levels of self-objectification (Prichard & Tiggemann, 2008) and higher levels of body satisfaction (Tiggemann, Coutts & Clark, 2014). In a cross-sectional study of 571 women between the ages of 18-71 years, who participated regularly in exercise at a fitness centre, Prichard and Tiggemann (2008) determined that a woman's reasons for exercise impacted her body image. While it is unclear as to how age factored in to the findings, women who were motivated to exercise because of appearance concerns had a more negative body image, while those who exercised for health reasons displayed less self-objectification. The authors acknowledge that women who exercise at a fitness centre may have different body image scores than women who do not. Despite this limitation, the study does effectively link body function as a behaviour motivation, at least in reference to exercise.

Findings of the study by Prichard and Tiggemann (2008) are similar to those from cross-sectional research that compared the body images of 101 female college students with those of 112 belly dancers (Tiggemann et al., 2014). Using several validated scales, Tiggemann et al. found that belly dancers had higher positive body image scores and lower body dissatisfaction scores than the college students. The researchers concede that it is unclear whether the act of belly dancing improved body satisfaction scores or if women with more positive body satisfaction are attracted to belly dancing as an activity. An interesting component of this study is that the mean age of the belly dancers was 14 years older than that of the college students. The impact of age, however, was not addressed by the researchers.

While various studies show a connection between body function and exercise, the question then becomes whether or not body function is a factor in eating. At this point, the discussion comes full circle with a return to reflect on the body of research regarding

disordered eating. Similar to the movement away from pathology as a focus of body image research, there has also been a shift toward more positive approaches and measures in reference to body image and eating (Bruce & Ricciardelli, 2016). The concept of intuitive eating has been proposed as a method of eating that involves relying on internal hunger and satiety cues to guide food intake, thus permitting unconditional eating, and eating for physical rather than emotional reasons. Initially, intuitive eating continued to be connected to weight management and disordered eating. More recently, the concept of eating to enhance body functioning was added to the definition.

In a systematic review of the literature regarding intuitive eating, Bruce and Ricciardelli (2016) investigated 24 cross-sectional studies published between 2006 and September 2015 that involved women over age 18 years of age. The researchers examined intuitive eating in relation to disordered eating, body image, emotional functioning, and other psychosocial correlates in adult women. A limitation of the review is that all of the studies are quantitative and the majority of studies use the same 21-item measure, the Intuitive Eating Scale, which may have influenced the scope of data that was retrieved. What other factors might influence intuitive eating for women that are not measured on these scales? Notable, as well, is the fact that none of the research that was reviewed focused on physical functioning, despite its addition to the concept of intuitive eating. What impact, if any, does body function have on eating? What role might body function play in eating for women at midlife?

For women at midlife, a focus on body functionality is crucial because women experience physical changes at this life stage (Ballard, Elston & Gabe, 2005). From their interpretive grounded theory involving in-depth interviews with 32 women who were

born between 1942 and 1948 (ages 63 to 66-years at the time of the study), Ballard et al. suggested that public aging included all of the midlife changes that are external and visible, which include weight gain, greying hair, and alterations in skin texture. Although these visible changes might not be included in the definition of functionality, they influence a woman's sense of herself. Women in their middle years also experience aging or changes, such as menopause pain or decreases in stamina, which are private because they generally are less visible and not widely disclosed by the women to others. The findings of the study suggest that these private changes impact body functionality. How, then, does a woman at midlife experience the changes in what her body can do and how it feels? Do these changes impact her experience of eating?

Summary

In summary, a review of the literature suggests that the time period of midlife has not been clearly established and that studies of the eating behaviours of midlife women are mainly limited to weight management and disordered eating or to what goes wrong in eating. There are significant gaps in the literature concerning how women at midlife experience eating in their everyday lives. Similarly, studies of women's experiences of their bodies at midlife have mainly focused on body image, in reference to changes that are visible to others. There is a scarcity of information about how women experience the private and functional changes associated with aging, particularly in reference to eating. Similarly, studies concerning eating are primarily quantitative and frequently use the same measures, which may limit what is revealed about the topic. Further, research has tended to focus on specific aspects of eating behaviours or eating and wellness at midlife, without considering eating at midlife within the context of the total midlife experience.

The purpose of this hermeneutic phenomenological study is to explore the experience of midlife and the meaning that women at midlife give to their eating, which may be a useful first step in understanding the phenomenon of eating for these women.

METHODOLOGY

The following section provides an overview of qualitative research followed by an in-depth discussion of phenomenology in general and hermeneutic phenomenology in particular. Also included is a description of the methods and procedures used in the study.

Qualitative Research

Dilthey is credited with first distinguishing *Naturwissenschaften* or the natural sciences from *Geisteswissenschaften* or human sciences (Van Manen, 1990). Perhaps obviously, natural sciences focus on objects in nature and natural events and have traditionally been studied with detached observation. Alternately, human science focuses on conscious beings, and seeks to understand and explain the meaning of human phenomena (Van Manen, 1990). Qualitative research is an umbrella term for research methods that focus on the *qualis* (whatness) of behaviour and experience. In general, qualitative research uses research techniques such as focus groups and in-depth personal interviews and is particularly interested in finding answers to the “what?” “how?” and “why?” questions (Bailey, 2014). The qualitative discipline of interpretive phenomenology, however, targets experience, and specifically addresses *what it is like* to have such and such an experience (Van Manen, 1990). The focus of study is not on the person who is experiencing the phenomenon, but rather on the experience and the meaning that the person who has the experience gives it.

Phenomenology

Phenomenology is the study of lived experience from the subjective point of view of a person experiencing a phenomenon (Smith, 2013). Franz Brentano (1878-1917) is credited with introducing modern philosophers to the concept of intentionality (Huemer,

2014), which refers to the mind's ability to form representations outside of and separate from ourselves. Phenomenology is the study of the way people experience things and how meaning is derived from those experiences. For Edmund Husserl (1859-1938), who is often considered the principal founder of phenomenology, intentionality was a key concept (Giorgi, 2012). He argued that consciousness is a medium between a person and the world (Giorgi) and regarded phenomenology as a way to describe how the world is experienced through conscious acts (Van Manen, 1990). Phenomenology provides an opportunity to see the world as it really is, rather than how it is constructed through acculturation or after reflection takes place (Caelli, 2000). Husserl cautioned researchers to focus "on the things themselves" as a means of finding the true nature or essence of a thing or experience. The term essence derives from the Greek *ousia*, which means the true being of a thing (Van Manen, 1990). "Essence is that what makes a thing what it is (and without which it would not be what it is)" (Van Manen, p. 170).

Phenomenology studies conscious experience, including perceptions, thought, and memory, imagination, emotion, body awareness, and embodied action (Smith, 2013). By extension, phenomenological research explores the way we experience the world (Van Manen, 1990). For example, in thinking about a dog, there is something in the thought that means dog or, in other words, something that refers to dog or is about dog. This reference or *aboutness*, the relatedness of consciousness to the object of its attention, is its intentionality. Brentano believed that "all thinking (imagining, perceiving, remembering) is always thinking about something" (Van Manen, p. 182) and that all perceptions have meaning (Owen, 1994). The concept of intentionality was taken up by Husserl and the phenomenologists (Ashworth & Chung, 2006) as a way to discern the

meaning or essence of an experience. There are two primary and distinct types of phenomenological study. The first is known as transcendental or descriptive phenomenology and the second is hermeneutic or interpretive phenomenology (Giorgi, 2007).

Transcendental (Descriptive) Phenomenology

Husserl asserts that the true meaning of lived experience is discovered through a first person account and involves three steps. The first step is referred to as the transcendental phenomenological attitude. This attitude occurs when the researcher sees the phenomenon “freshly, as for the first time” (Moustakas, 1994, p.34) and is possible only by setting aside prejudgments. Husserl introduced the term epoché to denote the act by which we suspend the natural attitude, which referred to the “taking-for-grantedness of everyday thinking or acting” (Van Manen, 2014, p43). This epoché or bracketing allows us to suspend belief of whatever blocks access to the pre-reflective experience of a phenomenon (Van Manen).

The second step in investigating a phenomenon involves bringing to consciousness an instance of the phenomenon to be explored and with the help of free imaginative variation, intuiting the essence of the phenomenon being explored (Giorgi, 2007). Free imaginative variation involves asking whether the phenomenon would be the same if we imaginatively alter or delete a theme or aspect from the phenomenon (Van Manen, 1990): Giorgi explains that if “the imaginative elimination of an aspect causes the phenomenon to collapse, then that aspect is essential. If, on the other hand, the variation of an aspect of the given hardly changes what is presented, then that aspect is not essential” (p 64). Thus, the essence of the phenomenon is identified.

After determining the essential features of the phenomenon under investigation, the final step of analysis involves careful description of the essences (Giorgi, 2007). In Husserl's transcendental method, careful description is the desired result (Van Manen, 1990). In this method, there is less emphasis on interpreting its meaning. This contrasts with interpretive phenomenology, which is described next.

Hermeneutic (Interpretive) Phenomenology

Martin Heidegger (1889-1976) was also inspired by Brentano and was a student of Husserl. Although Heidegger supports Husserl's focus on the things themselves, he departs from Husserl with his belief that humans are interpretive by nature. Perception of experience, therefore, is an interpretive process (Racher & Robinson, 2003). Heidegger was interested in the meaning of Being (Cohen & Omery, 1994) or *sein*. He introduced the concept of *dasein*, which translates from German as there-being or being there, which refers to how one is living or being (Schmidt, 2006). According to Heidegger, to ask for the Being of something is to ask its nature or meaning (Van Manen, 1990) and only Being can take issue with its own being. In contrast to Husserl, Heidegger also acknowledges the impact of history and cultural norms on *dasein* (Racher & Robinson); thus, Heidegger's phenomenology attempts to explore one's *dasein* in relation to his or her historical and cultural context (Converse, 2012). Because of the influence of time and context in the interpretation of *dasein*, "there is no intent to generalize, theorize or predict outcomes" (McConnell-Henry, Chapman & Francis, 2011, p. 29) in Heideggerian phenomenology.

Heidegger believed that interpreting is part of *dasein*'s manner of being and that the task of hermeneutics was to interpret *dasein* to itself (Schmidt, 2006). Stated

differently, Heidegger argued that we are self-interpreting beings (McConnell-Henry et al., 2011). The term hermeneutic is derived from the Greek *hermeneutike*, which is translated to interpreting, interpretation, and interpreter and the etymology of which might be associated with Hermes, the messenger god (Schmidt). Hermeneutics, thus, is the art of understanding and the goal of hermeneutic practice is to understand correctly what has been expressed by another. Hermeneutics, then, in effect, separates the approaches of Husserl and Heidegger in that Heidegger reserves the term hermeneutics solely for the interpretation of *dasein* (Schmidt, 2006).

The nature of Being is a never-ending, circular process, according to Heidegger, and he recommends investigating the meaning of being through a circle of understanding, or what he refers to as a hermeneutic circle (Converse, 2012). The hermeneutic circle involves a process in which the parts can only be understood from an understanding of the whole, but the whole can only be understood from an understanding of the parts (Schmidt, 2006). Before entering the circle, Heidegger argues that the researcher must have come to know his or her fore-structure of understandings or presuppositions. Interpretation involves moving back and forth from the parts to the whole to the investigator's fore-conception until there is understanding. In this study of the lived experience of women at midlife and the meaning they give to eating, for example, I brought my suppositions into the research where they became not only part of the data (Sandelowski, 1986), but also part of the hermeneutic circle in the interview and analysis processes. It is important, however, that the researcher understand what suppositions or assumptions are, so that the researcher does not unconsciously allow them to drive what is interpreted in the experiences of others.

Although the term hermeneutics translates to interpretation, it is strongly associated with language. Words are intimately connected with thoughts: a thought is unclear until it is expressed in words (Schleiermacher, cited in Schmidt, 2006). Using words and language, a researcher helps to bring unconscious thought into focus (Schmidt, 2006) so that meaning becomes clear. Hermeneutic phenomenology, then, “is the art of understanding what another means by her expressions in language” (Schmidt, 2006, p.14). To interpret well involves both an understanding of the language being spoken, plus the ability to put oneself both subjectively and objectively in the place of the other (Schmidt, 2006).

Unlike its transcendental counterpart, hermeneutic phenomenology has no defined method. Instead, it is a methodology that aims to avoid the tendency toward using predetermined procedures (Van Manen, 1990). Rather than looking for signposts or preset markers, hermeneutic phenomenology allows the opportunity to follow paths that lead to the place where the nature of a phenomenon can be revealed. Although there is no clear formula for hermeneutic phenomenological research, Van Manen (1990) writes about methodological themes for hermeneutic phenomenology, including

- 1) turning to a phenomenon that seriously interests us and commits us to the world;
- 2) investigating experience as we live it rather than as we conceptualize it;
- 3) reflecting on essential themes which characterize the phenomenon;
- 4) describing the phenomenon through the art of writing and rewriting;
- 5) maintaining a strong and oriented...relation to the phenomenon;
- 6) balancing the research context by considering parts and whole (pp. 33-31).

These themes all emphasize the need for the researcher to be fully invested in the research question. Indeed, Van Manen (1990) suggests that a researcher “stands in the midst of the world of living relations and shared situations” (p. 32) or oriented to the phenomenon to achieve practical wisdom about it. Staying oriented to the question will also prevent superficialities and speculations about the phenomenon. According to Van Manen (1990), hermeneutic phenomenological research is fundamentally a writing activity. Through the process of writing, we uncover what we know. Writing and rewriting involves going back and forth from the parts to the whole, creating the opportunity to articulate meaningful understanding.

In summary, then, the transcendental phenomenological method established by Husserl focuses on identifying the essence of an experience and then describing it. There is no attempt to interpret the findings. Alternately, hermeneutic phenomenology involves reflective interpretation of the essential themes of a phenomenon (Van Manen, 1990) and enables us to understand what a phenomenon is and what it is like to experience the phenomenon within everyday life. The purpose of my proposed study is to explore and better understand the meaning that women at midlife give to their eating behaviours, for which hermeneutic phenomenology is a fitting approach.

Methods and Procedures

Prior to beginning recruitment and conversations with participants, approval of the research project was sought and obtained from the university ethics board (File 14-283-Engel). This approval is required in all research involving humans and ensures that research observes Tri-Council guidelines.

Sampling and Recruitment

The literature provides little guidance in terms of sampling procedures for hermeneutic phenomenological research (Findlay, 2008). In qualitative research generally, there are “no computations or power analyses... to determine *a priori* the minimum” (Sandelowski, 1995, p. 179) number of participants for a study, thus it may be impossible to predict the precise number of participants required before beginning a study (Higginbottom, 2004; Sandelowski, 1986). Sample size varies depending on the aim of the study and the method used in qualitative research (Higginbottom, 2004; Sandelowski, 1995), but the goal in interpretive qualitative research is always to reach a fully developed understanding of the subject matter (Sandelowski, 1995). Because phenomenological research conversations are detailed and thorough, small sample sizes are common (Higginbottom, 2004). The sample size is complete when interviews (or research conversations, as discussed below) reach redundancy, meaning ideas become repetitive and interviews reveal no new themes (Bernard, 2011; Trotter, 2012). Morse (2000) suggests, however, that if the phenomenon under investigation is apparent and the information easily gathered, as few as six to ten participants may be required to reach redundancy.

Just as the size of a sample is related to the method used, Higginbottom (2004) argues that so, too, is the type of sampling strategy employed. In phenomenology, purposeful sampling also includes phenomenal variation, in which sampling involves considering variations of the phenomenon under study. Phenomenal variation is compared to selective or criterion sampling and refers to the decisions made prior to beginning research about which criteria to include when selecting participants

(Sandelowski, 1995). Participants are typically selected in phenomenological research because they have “direct and personal knowledge of some event” (Sandelowski, 1995, p. 180) that they are willing to share rather than possessing particular demographic characteristics. According to Sandelowski (1995), when researchers seek out participants by sex, age, race or other demographic criteria, it is not with the intention to generalize them to others with similar characteristics, but instead because the selected participants are willing and able to articulate the experience.

Because there is no agreed upon definition of midlife, women who were English speaking, self-identified as being as midlife, and were willing to share their experiences of midlife and eating at midlife were invited to participate in my study of the meaning of midlife for women and the experience of eating. Participants received a \$10 coffee shop gift card in appreciation of their participation.

Enrolment Procedures. Primary enrolment procedures included a social media campaign that used Facebook and members of my email list. Midlife women were invited to participate through a posting that was formatted to fit Facebook or newsletter template requirements. The invitation indicated the study details, potential benefits that might occur as a result of participation in the study, approval of the university ethics board, researcher details and contact information (See Appendix A). Three participants were referred to the study through friends and colleagues who were aware of the research. This strategy attracted an adequate number of participants for the research.

Women who indicated to me that they were interested in taking part in the study received a formal invitation to participate. This letter outlined the purpose of the study, the types of questions I would ask, and the methods I would use, as well as a description

of possible risks and benefits of participating in this research (See Appendix B). Women were contacted to arrange a research conversation. At the time of the research conversation, their rights as a participant were explained to them and they were asked to sign a letter of consent. This letter reminded them that their involvement was voluntary and also reiterated the research process (See Appendix C). If we spoke on the telephone, the women's rights were explained to them and they provided recorded verbal consent. Through my sampling efforts, I enlisted eight Canadian women who agreed to participate in the study. Due to a technical failure of telephone recording equipment, I lost the audio for one participant. As a result, her data was not included in the study. Despite the challenge of losing this data, sufficient repetition occurred within the remaining research conversations to conclude that the issues had been thoroughly explored.

The Women

An important consideration in hermeneutic phenomenology is the influence of an individual's lifeworld on the similarities and differences in their subjective experiences (Caelli, 2000; Lopez & Willis, 2004). Below is an introduction to the women in this study. Pseudonyms have been used.

Amanda. I meet Amanda at an office. When I first approach her, she is seated on the floor with her back propped up against the wall in the hallway and she is scrolling through her cell phone. Within a few minutes of beginning our conversation, Amanda shares that her boyfriend had an affair with a friend of hers in the past year. She says that, as a result of the affair, she "lost 45 pounds and it was great and then [she] gained back even more." Now, she says, she is "like 275 pounds going oh my God, I am going to explode soon." Amanda tells herself that because she is at midlife, "this is the last chance

[she is] going to get to lose weight." Early in our conversation, Amanda describes her life.

I know that my lifestyle and how busy I am and how disorderly everything is in my life is why I'm like I am, you know, and why I eat like I do and fast food and because I don't have time for things and a full time job, my full time business and...

Amanda frequently ends an unfinished sentence with a heavy sigh during our conversation. Amanda also shares that she is "in a lot of debt" and explains "that's where the depression and stuff really kick in." (sigh) She has three children who are young adults and who no longer live with her.

Bethany. Bethany also meets me at an office that I have arranged for my research conversations. She explains that when she was 35 years old, she decided to become healthier in case she wanted "to have a family down the road." Bethany is now 42, single, and childless. Although she resides in a town about two hours away from where we meet, Bethany has combined her trip with a visit with her parents who live locally. She mentions that she is accustomed to the drive, because she is "not settled...having a family life and all that" so she is "the one running around." Bethany focuses her answers on "everything [she] can think of that's related that can help" with the study. The information Bethany shares is usually related to nutrition and health, despite my attempts to explore other areas of the research question. Eventually, I accept that Bethany wishes to focus on these topics. We are seated at a table and Bethany constantly wiggles in her chair during our conversation. She speaks quickly and waves her hands in the air as she talks.

Cynthia. Cynthia and I meet on a humid August afternoon, at a cafe with outdoor

seating near her home. We agree on this location due to the distance that Cynthia lives away from me. I caution Cynthia that our conversation could be overheard, so we choose to sit away from other patrons of the cafe. Cynthia brings along her very old Shih Tzu dog, who is nearly blind and who sits in a stroller in the shade while the two of us sip cool water at a table under a patio umbrella. At 42 years of age, Cynthia is a petite woman with long dark hair. She says that she has been vegan for over twenty years and has competed in marathons and triathlons since her early thirties. She indicates that "depression is something that [she] struggles with." Cynthia has been married for over twenty years but does not have children. She works from home.

Elaine. Elaine is a busy professional who invites me to her office for our chat. She is working at her computer when I arrive and as she finishes up her final task, I take in my surroundings. Elaine's office is very tidy. The pale grey walls are bare, except for framed degrees. On her bookshelf, I notice a small framed photograph of Elaine with her husband and another with a woman whom she later indicates is her best friend. As she turns away from the computer screen, she explains that she had to finish up an email in reference to her volunteer activities concerning rescue animals. Elaine is conservatively dressed in dress slacks and a button-up blouse. She is married but does not have children. When our conversation ends and Elaine walks me to her office door, she draws my attention to her high-heeled sandals, which she says that she always wears when working because they add height to her short frame.

Faith. Faith and I speak by telephone and we quickly establish rapport. She learned about the study through a friend. We speak at a time when no one else is home and she is assured of her privacy. Her voice is warm and clear, which may related to a

professed love of singing. Faith used to teach music in elementary school, but she left the profession when her first child was born 23 years ago because she "wanted to be home when [her] kids were young." Faith was "older" when she had her children and now that they are starting to leave home, she is aware that her "time is different" and that she can try new things. She has recently begun to work outside the home. Faith often forgets what we are discussing and asks to be brought back to the question that she was in the process of answering.

Gillian. Gillian found out about the study through a mutual acquaintance who, like her, is a nurse. Gillian also lives a distance from me, so I suggested I would drive out her way. She agrees to meet me at a nearby coffee shop when I learned that her husband is home during the day and that he may overhear our conversation. Gillian agrees that privacy is important and is aware that we might also be overheard at the cafe. We choose a secluded table and each have a cup of tea as we chat. Although she had volunteered to talk with me about her midlife experiences, at the outset Gillian seems hesitant to share.

As the moments pass and together we over-come a problem with the voice recorder, she seems to relax into our conversation. Gillian is long-married and is a grandmother. Gillian makes an effort to provide what she perceives that I need for my research. She comments that she wants me to "get all of the facts." After the formal conversation ends and the voice recorder is turned off, Gillian really opens up about her relationship with her husband. She believes that she would prefer to be single at this point in her life. In Gillian's view, her husband acts like an "old man" and is a drain on her reserves. When our conversation ends some time later, she mentions that I can also use anything we discussed after the recording stopped.

Heather. Heather and I speak by telephone as she is a busy professional who lives some distance away and was referred to the study through a friend. She works from a home office and is not concerned about being over-heard. Heather explains at the start of our conversation that she has a "hard stop" in one hour from our start time. When our conversation begins, Heather's voice fades in and out and there is the sound of typing. Her responses are initially clipped. After a few minutes, however, Heather's tone of voice and depth of responses change. Heather is in her second marriage after being widowed in her early 40s. She describes an eclectic career path, and mentions, "I've been in flowers, I've been in the health industry...I've had a jewellery and accessories business." She says that she is very driven professionally and has had to learn not to "push [herself] to the wall" because doing so in the past led to "adrenal collapse." Heather has no children.

Data Collection

In hermeneutic phenomenology, the primary method of data collection is interviews (Kvale, 2006). Lack of directedness in the interview helps to equalize the power relationship and this, together with the investment in the phenomenon, means that the researcher and participants become co-investigators in the research. Van Manen (1990) uses the term research conversations to describe the research interviews and participants are considered to be participants in a study. I will use the terms research conversations throughout the remainder of this discussion. In reference to my study and in keeping with hermeneutic phenomenological best practice, I explored the experience of midlife and eating with each participant.

Research conversations took place locations where both participants and I felt safe, either on campus at the university or at local coffee shops where we had privacy.

Two conversations took place via telephone. Research conversations used an hour-glass approach (McConnell-Henry, et al., 2011), which means that conversations opened with general questions and advanced to more focused questions as we established rapport and participants became comfortable. Research conversations ended with my asking a general question, such as, “Is there anything else you would like to add?” In hermeneutic phenomenology, questions are typically very open in nature to allow the “interview process to stay as close to the lived experience as possible” (Laverty, 2003, p. 19). In reference to my study, participants were asked open-ended questions such as:

What does it mean to you to be at midlife?

What is it like to be a woman in midlife?

What is it like to be in your body at midlife?

How would you describe your eating practices at midlife?

How is this the same or different from when you were younger?

What is important to you about eating now that you are at midlife?

If there are things that you would like to change about what you eat, what stops you?

I focused on using questions beginning with “how”, “who” and “when” rather than “why” questions as these enabled participants to provide details, which is in alignment with Heidegger’s concept of context-specific truth (McConnell-Henry et al., 2011). Participants were encouraged to provide examples where appropriate and with such prompts as “What was that like for you?” This immediate clarification helped to generate a shared understanding of the concepts (McConnell-Henry et al., 2011).

Rather than asking an abundance of questions, I allowed silence to occur in our

conversations. Allowing for silence can sometimes prompt research participants to gather their thoughts and to continue adding details and richness to their stories (McConnell-Henry et al., 2011; Van Manen, 1990). I also focused on keeping the conversations oriented to the question (Van Manen, 1990) to prevent myself getting “side-tracked or wander[ing] off aimlessly” (p. 33), thus ending up with weak speculations that could jeopardize research rigour. Initially, I was too dogmatic about remaining close to my questions to the detriment of allowing the participants flexibility in what they wished to share. As a result, the first three participants were perhaps not given every opportunity to provide deep insight into certain aspects of the midlife experience. After receiving feedback and guidance from supervisor Dr. Joyce Engel regarding strategies for guiding the research conversations, I started to ask follow up questions of the participants relating to topics they introduced that aligned with the research question.

All participants gave consent to be recorded and research conversations were audio taped using a digital recorder and conversations lasted between 45 and 60 minutes (Rowley, 2012). I also took memos after each of my research conversation in which I recorded my personal insights and observations, and added them to the research data (Sandelowski, 1986). I then personally transcribed all research conversations verbatim, which initiated the development of an interpretive orientation of the experience of these women (Van Manen, 1990). Throughout the transcriptions, I made note of significant pauses as well as when a co-researcher would laugh, sigh, whisper or groan. Memos also included non-verbal communication such as eye-rolling and gesturing. I edited out fillers such as "um" and "uh" that detracted from the text. During transcription, participants were given pseudonyms to protect their identities.

Bridling

In phenomenology, when the goal is to derive the meaning of an experience for those who experience it, personal perceptions of the primary researcher may obscure findings. Husserl addressed this challenge by introducing the concept of epoché (Van Manen, 2014), which refers to making conscious one's pre-understanding. Yet, researchers should not construe epoché as an attempt to remove themselves and their fore-understanding entirely from the investigations or as Gadamer (1975) suggests, to "separate in advance the productive prejudices that enable understanding from the prejudices that hinder it and lead to misunderstanding" (page 295). Merleau-Ponty (1964) argued that the goal of the researcher is not to suspend nor deny presuppositions, but instead to be conscious of them. Dahlberg (2006) argues that living as a human in this world creates unavoidable prejudice and therefore it is impossible to deny all pre-understanding. Dahlberg also writes that when we live through something, we know it, and that it is impossible to unknow something that is known. Dahlberg and Dahlberg (2004) argue that we can only acknowledge ourselves and our understandings of the world.

Dahlberg (2006) uses the term bridling, inspired by the equipment used to direct a horse, to describe the process of restraining the fore-understanding that we bring to our research. The goal is to restrain one's fore-knowledge by "[bridling] the events of understanding so that we don't understand too quickly, too carelessly, or in too slovenly a manner, or in other words, so that we don't make definite what is indefinite" (p. 92). For the purposes of study, I adopted Dahlberg's bridling process with the use of reflexive journals and memos to make note of my pre-understandings through all phases of the study, from readings and design to interviews, data collection, and throughout analysis

(See Appendix D).

Because I was conscious of bridling both my fore-understandings as well as my expectations for the research, I became quickly aware when the research conversations had started to veer into unexpected territory. The women in this study were less inclined to describe their perceptions of eating as much as they seemed to want to share their experience of midlife. It quickly became apparent that eating, for them, was perceived as a very small aspect of the midlife experience. I sought feedback on memos and my interpretations from my thesis supervisors, Dr. Joyce Engel and Dr. Jenn Salfi, who are experts in their respective fields (Morse, 2012). With the support of my researchers, I consistently sought to remain conscious of personal bias seeping into the research.

Data Analysis

The second component of any descriptive phenomenological investigation of a lived experience involves the process of data analysis (Van Manen, 1990). After I transcribed all the research conversations, I printed each transcript so that I could work from hard-copies. The overarching task of data analysis is to determine essential themes and to discover the qualities that “make a phenomenon what it is and without which the phenomenon could not be what it is” (p. 107). I employed Van Manen’s data analysis themes as a guide to explore the meaning that women give to their midlife experience and to eating. Analysis involved five steps: Thematic analysis, collaborative analysis, use of lifeworld existentials, determination of essential themes, and writing. A detailed description of each follows.

Thematic analysis. Thematic analysis employs three approaches to uncover meaning. When using the wholistic or sententious approach, the goal is to determine what

phrase might capture the meaning as whole. The sententious approach involves “reading a text several times and ask[ing], *What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon?*” (Van Manen, 1990, p. 93). In this phase of analysis, I read through the transcripts several times to get a general sense of what the participants had shared. The next approach, detailed reading, uses a line-by-line strategy to find what the description reveals about the experience. In order to do this, during my next several readings of each transcript, I used a highlighter pen to mark words and phrases that I noticed were either distinctive or common amongst the participants. I also used a pen to make notes about the possible meaning of these words and phrases. Textual analysis considers what is conveyed ‘between the lines’ because words do not necessarily capture everything that people express in interviews or research conversations (Lavery, 2003). In my analysis, I paid attention to those places in the transcripts of the research conversation in which I had noted pauses or silence for the clues to meaning that these might offer. Van Manen (1990) writes that silence leaves space for something powerful to fill. Sometimes, silence occurs when something is unspeakable or when words fail and sometimes it occurs when something is indescribable. Silence may also indicate that we are awed in the “presence of truth” (p. 114). Silence is not merely the absence of words and I sought to consider its significance through the textual analysis.

Collaborative analysis. After the identities of the participants were anonymized through the creation of pseudonyms, I shared the transcripts with my supervisors immediately after each was transcribed. Because of this immediate sharing, I was able to receive the feedback from supervisor Dr. Engel to be more open to the unfolding conversations with my participants in subsequent meetings. As a result of following this

guidance, I witnessed a shift in the nature of the study. Instead of feeling as if I had to guide the women through our time together, I was able to follow the pathways forged by our conversations and discovered that the conversations led to places I had not anticipated visiting during this study.

After all research conversations were transcribed, I prepared a spreadsheet of all the preliminary themes that I identified in the transcripts and included quotations from the research participants associated with the preliminary theme. This spreadsheet was also emailed to my supervisors and became the starting point for discussion about these emerging themes. Discussion and debate helped to create depth and provided valuable insight into the themes as they developed (McConnell-Henry et al., 2011). This process was ongoing throughout analysis.

I would be remiss if I failed to point out that Van Manen's interpretation of the hermeneutic phenomenological tradition also includes the involvement of participants as co-investigators, in a process he refers to as "interpretation through conversation" (Van Manen, 1990, p. 97), which takes place after themes are identified. Van Manen suggests that participants work in partnership with investigators to reflect upon and interpret the preliminary themes in light of the research question, weighing the appropriateness of each theme. Kvale (2006) argues, however, that "there may be emotional barriers for the interviewees to accept critical interpretations of what they have told the interviewer" (p. 485). It is also possible that participants may not understand theoretical interpretations of the conversations (Kvale, 2006). In a follow up research conversation, there also is a risk of the "halo effect" which occurs when a co-researcher gives more credence to an identified theme than what is present in her experience of the phenomenon in an attempt

to please the researcher (McConnell-Henry et al., 2011), leading to data that may not be representative of the experience.

Furthermore, according to Heideggerian phenomenology, the recounting of an experience is meant to be in its native or original form and is, itself, a snapshot in time. Time and context determines the meaning of the experience and this would change on second or subsequent visits to a conversation (McConnell-Henry et al., 2011). Hence, McConnell-Henry et al. argue that a follow-up or validation interview “threatens the rigour of phenomenological studies” (p. 37). For these reasons, I did not include validation interviews or interpretation through conversations with participants as part of the thematic analysis of my study.

Existential analysis. The next round of analysis involved exploration of four fundamental lifeworld themes that “probably pervade” (Van Manen, 1990, p. 101) the lifeworlds of all human beings and are therefore considered existential. Spatiality refers to lived space or felt space; corporeality refers to our physical or bodily presence; temporality refers to subjective or lived time; and relationality is the lived relation we share with others. These four existential lifeworld themes served as guides for reflection and writing.

Determination of incidental and essential themes. It is important to determine whether identified themes are essential or incidental to the experience. Essential themes are those without which the phenomenon cannot be what it is. I wrote each preliminary theme on a recipe card, and laid all the themes out on the floor. I moved the preliminary themes about until they were grouped together in meaningful ways (See Appendix E). Free imaginative variation, described earlier, helped to make these distinctions (Giorgi,

2012). The resulting groups became the themes that seemed most representative of the experience for these women.

Writing and rewriting. Van Manen (1990) asserts writing is an ongoing process that “teaches us what we know, and in what way we know what we know” (Van Manen, 1990, p. 127). Similarly, Sandelowki (1998) argues that the quality of writing in phenomenology is crucial not only to the readers’ understanding of the findings but also to their desire to read the report. Writing, then, is a crucial component of a hermeneutic phenomenological study, and was a major focus as I aimed to bring the findings to life.

Rigour

Although qualitative research embraces the concept that meaning is derived from multiple realities in which truth is perceived as fluid and changeable (Morse, Barrett, Mayan, Olson & Spiers, 2002) and context-specific (McConnell-Henry et al., 2011), it is nonetheless essential to put measures into place to increase confidence in the findings (Lietz, Langer & Furman, 2007). While it is acknowledged that no two researchers, “given the same qualitative task...will produce the same result” (Sandelowksi, 1993, p.3), a rigorous study will produce results that are plausible (Van Manen, 1990). This means that it is not essential to have agreement about the findings of qualitative research, but it is crucial that a researcher takes a logical path through the study and shows his or her steps in a way that others can understand and follow. In hermeneutic phenomenology, a rigorous study addresses trustworthiness (Laverty, 2003) and the steps used to ensure a rigorous study are outlined below.

I looked to my supervisor and colleagues for feedback and guidance throughout the course of my research. As mentioned previously in my discussion of collaborative

analysis, this process helped to bring developing themes to life (McConnell-Henry et al., 2011). Collaborative analysis is also a form of triangulation, because different observers can have disparate and opposing insights about the data that can be compared and further analyzed, and discussion may lead to increased understanding (Lietz et al., 2007).

Similarly, conversations with my supervisors provided opportunities for them to challenge the biases that I brought into analysis. In my study, the discussions with my supervisors were ongoing and this added pervasive rigour to the research.

Another step toward plausibility occurred through my reflexivity as a researcher. Sandelowski (1986) states that investigators can enhance the credibility of studies when they also interpret and describe their own behaviour as researchers in reference to the experiences of their study participants. Through bridling and the use of reflexive journaling, I was able to record and analyse my own behaviours, reactions, and experiences during my study and add them to the research findings. This process helped to create a form of audit trail through my study. An audit trail is useful for others to assess the plausibility of research findings. According to Sandelowski (1986), research is auditable when another researcher can clearly follow the decision trail used by the investigator in the study. In addition, another researcher could arrive at the same or comparable but not contradictory conclusions given the researchers data, perspective and situation (p. 33).

Thus, I documented my process throughout the study to create an audit trail (Carcary, 2009).

In terms of establishing rigour, Sandelowski (1986) indicates that an interpretive study is credible when others who have had the experience would recognise it from

reading the description, or people who have not had the experience would recognise it should it occur to them in future due to having previously read about it. The recognition to which Sandelowski refers is also known as transferability. My study has achieved transferability if I am able to describe the significance of the phenomenon of the lived experience of midlife for women and the meaning of eating in such a way that those who read my report will recognise an experience that they have had or could have had. This transferability is sometimes referred to as the “phenomenological nod” (Morse, 2012, p. 105), meaning the description writing of the experience resonates with that of others.

Finally, an important measure of rigour is the place that a study takes in the literature. Morse (2012) argues that a rigorous qualitative study also shows how the concepts and theory of a study link with other concepts and theory, adding to present knowledge. My preliminary literature review was essential for indicating that an investigation of the lived experience of midlife for women and the meaning of eating had the potential to add to what is known about the subject. A revisit to the published literature after I completed my own thematic analysis suggest that the findings of this research may contribute to the literature about the midlife experience and eating for women.

FINDINGS

Seven women tell their stories about being at midlife. What is it like for them? What is the same and what is different for them now that they see themselves as being at this stage of life? What does eating mean to them now? Significantly, what are the shared experiences?

Not Me

It is late afternoon when she finally arrives. As she enters the room, she sees that most of the diners have already taken a seat. The table for the children, low to the floor and set with plastic dinnerware, greets her immediately. To her right, she sees a table of young adults and she quickly heads in their direction. The group is lively and colourful and loud and, as she approaches, she sees that all the seats are taken. She is loathe to admit it, but she is somewhat relieved. Their exuberance is too much for her today.

She scans the room and realizes that the timing of her arrival has left her with few options for a seat. Finally, she glimpses an empty chair. At the table, all the figures seem gray haired, with melting faces and rounded edges wrapped in subdued clothes, who, as a group, seem somewhat blurred. Without her eye glasses she cannot be sure, but blinking does nothing to bring their beings into focus. She panics and slows her pace. Surely, there must be a chair elsewhere. She cannot possibly be forced to sit at that table. She is much too young to have anything in common with them. *Whatever would they talk about?*

She hears someone call her name and realizes that the voice comes from the direction of the table she wishes to avoid. It is her best friend. "I saved you a seat!" She pivots and glances back at the boisterous diners to confirm there is not space for her. She turns back to her friend, who summons with her waving hand. Slowly and uncertainly,

she sinks into the chair reserved for her. *This is not where I belong.*

If the table represents a space for gathering in kinship, the women in this study would prefer not to sit at the one designated for midlife females. The midlife title holds no honour and each woman expresses the feeling of being an imposter in the ranks. The bodies that have been familiar lifelong companions are transforming before their eyes into forms they no longer recognise.

I'm Not in Midlife

It perhaps is not surprising that researchers have failed to reach agreement on a definition of midlife when even those who self-identify as being in this stage of life have a difficult time explaining what it is. The women in the study were adamant that they include themselves in midlife, as Elaine explains, purely due to "the number associated with [their] birthday." To be more precise, if the life expectancy for Canadian women at their age is 82 years (Statistics Canada, 2012), it would be difficult for these women to deny that they have passed the midway point.

Although the women have reached the midpoint of the life expectancy for women in Canada, they all, without exception, deny that they are there. The word denial derives from the Latin *denegare*, which is a combination of *de* (away) and *negare*, meaning refuse or negate (Barnhart, 1988).

I didn't want to say that I wasn't young anymore or I didn't want to say that I was getting older, sort of thing. I didn't want to give it voice, so there wasn't an automatic: Here I am in midlife. (Elaine)

Being able to deny that they are midlife despite the number of years they have been alive implies that there might be other criteria associated with this life stage that the

women do not feel they meet. Yet, they had a difficult time articulating what those criteria might be; for them, perhaps, acknowledging the criteria is acknowledging its presence in their lives, which would make it difficult to push away.

I think it's a lot different than it was 20, 30, 50, a hundred years ago. We live longer. Expectations have changed, technology has changed. It's night and day.

(Bethany)

When asked how her experience of being in midlife is different from her expectation of what being in midlife should be, Gillian's voice is sharp and she draws her eyebrows together as she replies that she "has no idea what it should feel like."

Physically, I don't feel like I'm at midlife. I don't know, I guess maybe midlife is a slowing down, looking older, retiring. I don't know, all of those things that maybe your parents did at midlife. Looking at my parents at midlife and myself at midlife: I see myself very different from where they were. (Gillian)

I encouraged Gillian to give an example of how her experience is different and, after a long pause, she replies "Well, not being retired for one thing, at my age." None of the women were retired; neither were any of them seriously contemplating retirement in the near future. Perhaps, as the original Middle French *retirer* suggests (Barnhart, 1988), retirement means "drawing back", which is something that the women in this study do not see as part of their midlife.

These women are still very actively involved in their employment and far from being ready to withdraw from their careers. Like Gillian, Faith expresses a belief that for women at midlife now, "you're not retired; you are still working." She has just re-entered the workforce after spending two decades at home with her children. Amanda runs a part-

time photography business in addition to her full-time job and Bethany explains that her days are very busy and she is "always running around and stuff." The seclusion and rest associated with retirement are not realities for these women. When thoughts do turn to retirement, there is trepidation about what that will look like.

I'd like to retire someday but then I go 'what am I going to do to fulfill my days?'

And I think, I see people who do it brilliantly and maybe I'm just not there in my life yet ...to be able to go 'this is how I want fill my days and this is how I'm going to feel to be able to fill my days' but, yeah. (Elaine)

Although she is closest to the retirement decision and feeling pressure to vacate her job from the younger nurses at the hospital who covet her full-time position on staff, Gillian is also not ready to withdraw from work. For these women, being actively employed separates them from the experience of midlife for previous generations of women and perhaps contributes to their feelings of denial about being at midlife.

It is possible that the experience of midlife involves finding arguments to support the belief that the midlife label does not apply, at least, not yet. Perhaps, too, denial for these women also involves a rejection of what they see themselves becoming.

I Don't Recognise Myself

Each woman in the study expressed disappointment in the changes happening to her appearance and deny that these changes are a true representation of who she is. Cynthia mentions "a little bit of wrinkling around the eyes" that "kind of gets to" her. Gillian explains that her changing appearance is "disconcerting" and she mentions "integrity changing," which has led to differences in her body shape.

There's a little bit extra droop here and a droop there that only I notice when I'm

naked in front of my mirror. So that's a bit hard for me. (Gillian)

Each of the women spoke of being surprised by their changing reflections in the mirror, as if the looking glass makes daily errors. Faith laughs as she tells a story.

I remember once, okay. I was blow drying my hair upside down and I just happened to turn and saw my face in the mirror and it was all sagging down and I just kind of went 'Ooooh!' You don't have that collagen. It's one thing when you're standing up and everything is sort of in place but... So sometimes it's shocking.

The word shock refers to a violent blow that weakens or offends (Barnhart, 1988). Gillian uses the same word to describe how she feels when she sees her reflection in the mirror. She explains that seeing her reflection now leads to the realization that "Oh, yeah! Damn. I'm not who I really think I am anymore." Amanda's voice cracks when she remarks, "I have days when I look in the mirror and I just feel old. You know what I mean? Like I can't..." Her voice becomes softer as she speaks and she leaves her thought unfinished.

The relationship these women have with the mirror seems to be a common one. In speaking for the mirror in her poem of the same name, Sylvia Plath (1971) explains that the role of the mirror is not to be "cruel, only truthful" (p. 34). The mirror admits that it knows that a woman, with her gaze, searches "my reaches for what she really is" (p. 34) and desperately seeks the reflection of her younger visage. The mirror likens itself to a lake in which youth has succumbed. "In me she has drowned a young girl, and in me an old woman / Rises toward her day after day, like a terrible fish" (p. 34) Thus, the mirror witnesses a woman's youthful beauty being daily replaced with something terrible, which is an image that is both her and not her. It is a paradox that is difficult to embrace, both for the woman in the poem and the women in this research.

In a way perhaps similar to that of the woman described in *Mirror* (Plath, 1971), each of the women in this study also have a sense that their true being stopped aging decades ago. Cynthia, for example, does not "feel any different then when [she] was 30." Heather talks about a "kernel" of herself that is unchanged since childhood. This perception of a younger, true or "inside self" that the mirror does not reveal is also common. Featherstone (1991) writes that most people do not accept their chronological age as their true and that "changes in outward physical appearance are seen as separate from the self, which is considered to be more enduring" (p. 381). As we get older, Featherstone suggests, we view our appearance as a mask that hides our true identity. For the women in the study, perhaps it is as if their true selves are being hidden and their midlife appearance is a disguise that is not of their choosing.

The idea of an aging appearance as a costume that hides true identity persists as the women consider clothing selection and there is fear that that clothing may further disguise the youth that hides behind the mirror.

[I'm] not dressing like I'm older. Like my mother did, you know, like women did in that era. You know, like all of a sudden they've got the old lady perm and the frumpy clothing and whatnot. (Gillian)

Gillian may be reacting to an assumption that older people dress in a prescribed manner. As Lurie (1981) explains in her book *The Language of Clothes*, clothing communicates messages related to aging. She describes how we associate certain items of clothing, such as the shawl, for example, with old age (in Featherstone, 1991). Gillian, like the other women in the study, is not yet prepared to put on the costume of old age. Instead, these women are prepared to "resist" rather than succumb to such a change of

wardrobe.

Faith explains, for example, that she is actively refusing to accept the fact that she needs reading glasses, which perhaps she associates with the costume of aging. She remarks that she is "fighting it tooth and nail." Faith says that she hides the evidence of her aging by not allowing her hair to turn grey. She then corrects herself, laughing. "I mean, I *am* going grey, but I'm not showing my grey."

With these women, it also seems that the line between how they look and how they feel is blurred such that they use the words interchangeably. For example, as we spoke, I became aware of how frequently Amanda mentioned her appearance, so I asked if "how she looks" is important. After agreeing that her appearance matters, I then asked Amanda why she feels that way. Her response that she "[doesn't] want to feel like [she is] over the hill" suggests that her appearance and her feelings blend together in her mind. The same blurring of the lines between feelings and appearance is evident in my conversation with Faith. In explaining how she feels about her changing body, Faith mentions that the weight gain around her middle is "kind of uncomfortable" but then she says she is also hopeful because "there are so many inspirational women out there who look great well up into their eighties." How do "looks" and "feelings" come to mean the same thing to these women? Perhaps this blending of words is another example of how they are trying to bring together what they see and feel about the changes at midlife.

It's like, (*groaning*) even though I'm getting there, you know, I still feel like I should look younger. I feel younger, so why don't I look younger? You know what I mean? (Gillian)

Yet, why do they feel as if they "should" look younger? It is likely that, as Bethany

explains, midlife women currently experience more "pressures to stay youthful and young and vibrant" than did previous generations. She speaks of the celebrity Jennifer Lopez, who had recently turned 46 years of age at the time of our conversation.

There's pictures of her all over the internet looking like she was 35, 25, you know what I mean? So what kind of messages that? Is it a positive message or is that a negative message...? I don't know. (Bethany)

It is perhaps not surprising that Bethany's example of an age-defying woman comes from the world of entertainment. Bordo (1993) writes that female celebrities "are changing cultural expectations of what women 'should' look like at 45 and 50" (p. 25). Mellencamp (1999) explains that "women can be 40 or 50 but they must look 30" and terms the phenomenon a "disavowal of chronology"(p. 316).

Heather remarks that it is important to her that she "not ever have that look where I just given up. I don't want to feel that way about myself." It is obvious that Heather and the other women in this study are hesitant to embrace changes in the way they look.

I'm certainly not, like, radical or out there; I know lots of women going really crazy, whether it's, you know, it's getting injections or whether it's, like, working out like crazy or whatever. I'm somewhere in the middle, but I definitely want to age as graceful [sic] as I can. (Heather)

Obviously, these women have chosen to excuse themselves from the midlife label and deny that their aging bodies are true representations of themselves. Yet denial has another meaning. Along with denotation of "negate," the word denial has also come to refer to a defence mechanism used to protect one's ego from anxiety (Telford, Kralik & Koch, 2006). Perhaps, too, as Freud suggests, (cited in Telford et al., 2006), the denial of

aging is an attempt to block “painful or distressing thoughts” and thus, to soften the effects of aging (p. 459). It is only when we prolong our denial beyond its short-term protective limits that it can become a pathology (Telford et al., 2006). Unlike the Hollywood stars who resolve to remain ever starlets, however, the women in this study are very aware that they are aging even though, as Gillian says, aging is “not the great part” of being at midlife.

You lose

Consider for a moment how the life of a woman could be compared to a feast that accompanies a special occasion such as a birthday or holiday celebration. Well in advance of the event, like many an adolescent girl who dreams her future into being, a woman muses about what would make her feel as if everything were perfect on the special day. She pours over recipe books and makes lists. Once the main course has been decided, she considers what side dishes would be the best complement. She creates a plan.

Next, she gathers food for the feast, just as young women draw together what they need to create the life they envision for themselves. With care and attention, she selects luscious fruits and vegetables at the market. She visits the butcher. She adds to her collection of herbs and spices that will add flavour to the repast. At home, when she stores her supplies in anticipation, the pantry doors barely click shut and every shelf and compartment of cold storage is filled to capacity. She could not bring one more item into her home.

Finally, the day arrives. She rises early to dress the meat. Hours pass in the kitchen as she chops, dices, grinds, boils, and sautés. She stirs in the secret ingredient that

makes it hers. Sometimes, she is overwhelmed by the smells and the mess and the busyness of the too-hot kitchen. Morning panic about the seemingly insurmountable list of tasks to complete slowly fades, as, one by one, she accomplishes what needs to be done. Now, the meal is ready and she calls her loved ones to the table.

Everyone sits in his or her designated chair around the table (all families do seem to do that, do they not?) and she takes in the scene before her. Bowls and serving dishes nearly overflow with delicious offerings. The table is so crowded with food that one platter must always be in someone's hand for everything else to fit. She is in her chair, too, guiding the food traffic around the table. The meal begins with a clamour of spoons against bowls and the clatter of knives and forks on plates. The noise rises to a crescendo with the melody of talk and laughter and occasionally the cacophony of dispute. All eyes meet hers at least once. "Thank you for supper." *It is my pleasure.*

As time passes and the diners become satisfied, chairs grate on the floor as the diners leave the table, one at a time. It is late afternoon. Still seated, she now looks out at barren glasses and serving dishes, plates that have been cleared of food but cannot be considered clean, and vacant chairs. Some bowls, the ones that held the favourite dishes, leave little indication of what once filled them. Other serving dishes hold remnants that can be saved to nourish at least part of another day. She marvels that the meal, so lovingly prepared for so many hours, is gone in what feels like the snap of her fingers. She is left with crumbs and stains on the linen she had laid on the table for the occasion; a tablecloth that was her mother's and her mother's before that. Already she longs for those moments again when everyone was at the table, filling up her space.

The experience of expanding and stretching life to its very limits as a younger

woman is revealed as a sharp contrast to midlife's slow release of much of what the women in this study have known. The women in the study speak of lost youth and of lost control of their bodies. Some of these women have experienced their children moving out from the family home, while others are forced to accept that they must relinquish long-held dreams of becoming a mother. The accumulated losses that these women experience have the effect of wearing away what they have come to know and trust, until they no longer have an assured sense of who they are. Although these women often couch the telling of their losses with humour, there is poignancy in each account.

I'm a Prisoner

Since young adulthood, these women have had an understanding of how to be in the world and how to be in their bodies. Every action that they took regarding their food choices, their level of fitness and how they managed their energy levels led to what they often experienced as a predictable reaction. At midlife, much has changed. As Faith says, a woman's body "doesn't quite operate the way it used to." There is a sense of lost control, which is frustrating for women who might have graduated from university, elevated themselves to high ranking positions in their careers, and become financially independent, but who also might have raised babies to adulthood and headed households single-handedly. Heather remarks that "things that were taken for granted can no longer be taken for granted" and Gillian explains that she feels "cheated" by the body she now inhabits. Collectively, the women feel betrayed by their bodies concerning an unspoken agreement not kept; that somehow the precedent set by years of youth, beauty, strength, and power meant they were entitled to enjoy those attributes forever. Gillian shakes her head as she points out, "You know, these changes are not what I expected." She also

questions, "Who told somebody that I should be looking like this now?" as if she is looking for an authority figure to blame for her body changes. Gillian's sense of betrayal parallels the disappointment expressed by high-powered professional women in Sylvia Hewlett's (2002) book who, due to a misplaced confidence in the myth that they could *have it all* and that fertility technology could outwit time, had put off motherhood until it was too late. Technology proved to be no match for Mother Nature, and many of the women remained, powerlessly, childless (Hewlett, 2002).

Heather, who has worked for years in the health, suspects that many of the changes she is experiencing are the result of her "loss of estrogen." She likens estrogen to "a crazy kind of drug" that plays a role in a woman's attractiveness.

It's like you don't understand the power of youth and beauty and estrogen and all of that stuff as a woman until you get to 50 or 60 and then you realize what that's all about. (Heather)

Faith speaks of her "lack of estrogen" and believes it has played a role in the development of her "crepey" skin at midlife. While some of the women spoke specifically of estrogen losses, only Gillian is "taking estrogen replacement therapy" because of her osteoporosis, which, significantly, is a disease associated with bone loss.

Uncontrollable changes in body shape also take place. Faith shares the story of the day in her car when she leaned forward to ensure that the way was clear before making a turn and became conscious for the first time of a folding of flesh at her waistline. In a low voice, she mumbles as she describes this midriff roll as her "muffin top."

It can be a little frustrating because you're kind of... I feel like I don't have my body anymore. When I have... especially the gain that just happens around the

middle. It's kind of uncomfortable. And (*pause*) so, yeah, I would say that it's frustrating because all of a sudden it's beyond my control, sort of. (Faith)

For women whose weight might not have fluctuated in adulthood save for pregnancy, the body changes that happen at midlife are particularly surprising and unwelcome. Long-practised and hitherto reliable methods to maintain body shape, including dietary changes, no longer make a difference.

The things that you normally did for exercise or just being active they don't have the same results. So that's a new challenge. (Faith)

Clothes that hang in the closet continue to shrink at an alarming pace. Favourite items are donated to charity or given, begrudgingly, to others. For women like Amanda, whose weight has been a cause for concern throughout adulthood, the sense of lost control is so powerful that she feels "like a prisoner in [her] own body."

Weight and shape changes are not the only concerns these women have about their bodies. As Faith comments, there is a general "lack of energy...tied into the whole midlife thing" compared with her younger self. To use a familiar expression, these women can no longer light both ends of the candle. They have also noticed that the single candle flame burns more rapidly. The conflict between what they want to accomplish and what they can accomplish in a day adds to feelings of powerlessness for these women. Heather acknowledges that she experiences "so much resistance" from her body, particularly in terms of how much energy she has. She imagines her body telling her "I will not stay up. I will not get up." Heather's words are clipped and fast.

It's so annoying. I mean, really, it's like trying to tell a two year old to, like, you know, do something when they're lying on the ground having a temper

tantrum. (Heather)

It is interesting that Heather, who is not a mother, conjures such a powerful image of helplessness. Her words suggest an alliance both with the parents who often watch, dumbstruck, as their child cries and thrashes about, as well as with the wretched child whose tantrum often signifies the end of his ability to cope with the circumstances in which he finds himself. In this scenario, both parties frequently end up feeling emotionally and physically exhausted.

Elaine, who is also a successful professional woman, confesses to initially "fighting" lower energy levels, until she realized that doing so was "like pounding up against a bit of a wall." Pushing herself, as she did when she was younger, began to lead to less productivity for Elaine rather than more. As a result, Elaine has learned that she must decline some requests at work, which runs counter both to her preferences and to her professional goals. For Elaine, superior work performance "feeds into [her] sense of self" and she resents having to give up these activities, admitting "it sucks" and makes her feel "awful." The loss of stamina means a cascade of loss, including those at and involving work.

The body changes that these woman are experiencing range from unpleasant to uncomfortable to downright painful. Joints hurt, morning muscles are stiff, and the changing weight and shape of breasts kindle memories of the unpredictable growing pains of puberty. Elaine mentions that, although she still has a full-time job and family responsibilities, her midlife reality involves new pain.

Maybe people can't see if I have neck pain or can't see that I have hip pain or can't see that I have a certain other medical issues to deal with, but the doctors and

know it and I know it, so it's there.

Pain is a private burden for Elaine, but a burden nonetheless. Amanda's voice lacks any trace of humour when she says, "Everything hurts all the time and I'm not even joking." Amanda's voice is strained as she describes her aging body and she suggests that midlife is "killing" her.

These women have lost control of their bodies and the losses continue.

Letting Go

One of the major areas of loss for these women pertains to their roles as mothers or missed opportunities associated with motherhood. Statistics suggest that one in five women will reach the end of her childbearing years without having borne a child (Hayden, 2011). Notably, more than half of the women in the study were childfree, either by choice or by circumstance. While women are having children at older ages, 2012 statistics show that the average age for first time mothers in Canada is 28.1 years (Statistics Canada, 2012). The youngest woman in this study is more than a decade past that age. The other childfree women were well advanced in the menopausal transition and were unlikely to bear a child either intentionally or unintentionally. Of the childfree women who mentioned motherhood, only two were still potentially capable of conceiving a child if that were a spoken or unspoken wish. Of these, only Bethany expressed a desire to yet bear a child. She explains that part of the reason that being at midlife is difficult for her is that, at 42, her "clock is ticking." In a quiet voice, she says, "That's a little bit of a sensitive issue because I'm single and I never had any kids yet to this point." Bethany is not yet ready to let go of the dream to have her own child and in the meantime, she spends a great deal of her time with her niece, who is currently six years old.

I've always been in her life since the day she was born and stuff. I've been a very active female role model since my sister is a single mom, so I want to be that for all the little people that are in my life whether I have any of my own or not.

(Bethany)

Although none of the other childfree women expressed a desire for a child, they did describe losses that they have experienced or that they anticipate experiencing because they are not mothers. Heather feels that she has missed out on relationships with women that start with shared experiences including motherhood, because "when they're pregnant, [women] connect with other women." Elaine also talks about not having children, and wonders about the impact of her current childlessness on her future self.

I don't have children. I don't have grandchildren to look forward to, you know, like some of the things that I hear and see older adults, you know, just sort of thriving on. I don't see it because of choices I've made. Now that's not going to be an option for me. (Elaine)

Indeed, a major concern for Elaine is what will "pull her forward" into older age after she retires because she does not have children. "It's sad," she states simply.

The mothers in the study shared different stories of loss and frequently those associated with their children leaving home. Although Amanda explains that she feels "relieved" that she successfully parented her children well enough for them to leave home, she senses they took her youth with them.

As soon as they started leaving, those little bastards made me feel like 'oh my God, all my kids are gone.' That's freaking old. That's literally how it felt.

(Amanda)

Faith, who has two daughters away at university and one son still living at home, is also conflicted about her children leaving home. Faith's words are positive, but her delivery of them is hesitant.

[It's] super hard. Kind of, I mean, it's very — bittersweet is such an appropriate word because you're so excited and happy for their life as they take off and do what they want to do, and yet it's so hard to not have them around you all the time... But now they're making their own choices, which is very good. I mean, exciting, but it's a real shift and adjustment to letting them go. (Faith)

As a woman who stayed at home to raise her children, Faith's voice cracks as she mentions that "time is gone" and, with children leaving, "that part of [her] life is fading."

For Faith and Amanda, having their children leave home marks the passage of time in a concrete and measurable way. A mother of young adult children can no longer think of herself as a young adult and so she must accept that decades of her own life have passed. Perhaps, this leads to thoughts of one's mortality and the number of years one has left to live. With a deep sigh, Amanda says she knows that she is "just going downhill."

When a child leaves home, mothers lose their place at the centre of that child's life. Similarly, mothers are no longer involved in the daily activities that had been the focus of so much of their time and attention when children were young. Bedtime stories, bubble baths, birthday candles, ballet recitals, school plays, and science projects are simply memories now. Mothers whose children leave home miss the simplest of things, like having to pick up a child's laundry off the floor. Doing those things might have been a service of love or an opportunity to teach her child a way to live. Regardless of the intention that guided her action, she must now fill the time it would have taken with some

other activity. What will it be? How can she continue to provide love and guidance to a child who is no longer in her home? Is her guidance necessary or even desired? Mothers like Faith who have been very invested in the role of mother, whether or not they worked outside the home, are left to wonder what lies ahead. As Faith says, this a time for her to be "reflective" about

what will be opening up with regard to our children. You know watching and cheering them on and being involved in their new lives as much as possible and then... (pause). I kind of lost my train of thought. (Faith)

I was left to wonder where her thoughts went. Perhaps she was considering whether and how she would fit in to her new family structure. Will she "be around for... grandchildren?" How involved would she be? What is her new role in the lives of her children?

When children leave, mothers may also suffer the loss of the daily interactions that may include company, conversation, and even physical affection. It is possible that, for some women, her children are the primary source of these human connections and their departure leaves a void that is difficult to fill.

Becoming Invisible

The gradual taking away of what these women know about themselves perhaps contributes to an experience of feeling invisible. Some of these women have experienced the sense that their very presence is often not noticed. The transition to invisibility may be the result of the loss of the physical attributes that had earlier been a factor in their ability to garner attention. As Heather remarks, "Half as many men... notice me." Male attention has always been part of Heather's experience of the world, and without it, she

has to find "other ways to place value" on herself.

The fading presence of the midlife woman, however, does not take place solely in the arena of attracting sexual interest. Even arguably stunning midlife women such as actress Kristen Scott Thomas observed that "when you're walking down the street, you get bumped into. People slam doors in your face — they just don't notice you" (Cox, 2013). The women in the study also perceived a loss of visibility to young women who, at one time, might have held them in high regard or as a role model. Gillian, for example, has noticed that she is often left out of conversations and the social plans of her young nursing colleagues.

I try to include myself in conversations and what's going on but I can see that a lot of the times I don't fit. And it only upsets me. It doesn't upset them. They just carry on. (Gillian)

Greer (1991) writes that for a midlife woman, being unseen adds to her confusion about how to be in the world:

[Her] present invisibility is disorienting. She had not realized how much she depended upon her physical presence, at shop counters, at the garage, on the bus. For the first time in her life she finds that she has to raise her voice or wait endlessly while other people push in front of her. (p. 53)

The women in this study are deeply mired in the disorientation Greer mentions. As Heather explains, despite feeling invisible, "[I] still want to be noticed and valued." Heather's comment suggests an important question: Can invisible women be noticed? If so, how? Is being noticed entirely dependent on one's outward appearance? Is it possible that a woman at midlife must shift her definition or expectation of what being noticed

means in order to be noticed?

Whereas the time up until midlife is associated with accumulation in the forms of finding partner, having children, and building a career, Northrup (2012) writes that "loss is a recurrent theme at midlife" (p. 30). Estrogen plummets, looks fade, physical fitness wanes, energy levels dissipate (Northrup, 2012) and even sex can be less enjoyable.

The one thing, when we talk about midlife and menopause and women, is just that it seems a shame that [a] loss of lubricant and thinning of skin is there for women sexually, too. So I think that the disappointing thing...tied into the loss of energy and just being a little bit more tired, you know. (Faith)

Perhaps, it is as Greer (1991) suggests, every midlife woman mourns her losses.

Some would say that it is the passing of her beauty; others that it is the children that she did not have; others that it is the children she had who died; others that it is the children she had who grew up... (p. 275)

Or maybe she mourns it all.

It's a Negotiation

The table is long and the options seem limitless. Plates pop up from the holder one after another like a child's toy. Sliced meats coil around platters decorated with parsley and crossed over with serving tongs. Smoked salmon, shrimp, and lobster are there for the taking. Bitter leaf salads compete with pickled turnip, cucumber, and cherry tomatoes for space. The rolls are golden brown, white, black, seeded, or plain, but always warm. Butter curls rest in an icy bowl.

Hot entrées hide under protective metal lids in dishes that are warmed by a flame-heated bath. "Would you like some?" The server raises the lid to uncover the mystery of

each dish and waits expectantly for a decision. The very end of the table holds the promise of a sweet end, when the time is right. The scent of icing sugar hangs in the air, begging for attention. Large urns of tea and coffee promise a bottomless cup. Wine will be brought to the table. "Will it be red or white, ma'am?"

At one time, the word *buffet* referred to a cupboard-like piece of furniture used to store dishes, table linen, and silverware (Barnhart, 1988). Now, it names not only the table, but a casual form of food service in which diners can see all their available choices and select the ones that appeal to them in the quantities that they prefer. For some, the buffet dinner signifies eating freedom. Young men often use the buffet service as an opportunity to test the durability of their waist buttons. Some people like to explore new eating territory and fill their plates with a taste of each offering. Others are more comfortable with familiar favourites. Children happily reload their dessert plates when adults are distracted.

The midlife woman has a different viewpoint. She advances to the queue and hugs her empty plate to her bosom like a shield. Where others may see a cornucopia of delicacies, she surveys the table top terrain as would a soldier intent on detecting buried threats. What will she enjoy today? What will be left untouched? What is the precise serving to satisfy her taste buds without triggering a wakefulness in which she shares the darkest hours with the red numbers on her bedroom clock? What tactic will lead to a happy, energetic, tomorrow and what will torpedo it? With a final, mental appraisal of her next day's agenda, she lifts a serving spoon.

In her earlier years, the midlife woman's plate might have resembled that of any young gentleman in her company. She, too, might have taken childlike delight at the

sweet table. Now, the nonchalance of youth has been replaced with the awareness that each bite and sip affects her. While each woman in this study has an eye to future health, her eating compass directs her to choices that support feeling good in the present.

There Will Be Consequences

Elaine uses the words "battle", "rebellion" and "fight" to describe the relationship she perceives between her desires and the effects she feels in her body if she eats certain foods or if she over-indulges in certain foods.

It's a real argument. (*Laughs.*) We have had some real battles and then the body wins. And you know that's probably easiest way for me to put it: it's an argument.

(Elaine)

Elaine's language suggests that she has a contentious relationship with her body, which may relate to her sense of lost control of her body. Singer (2014) writes that anger can arise in situations in which we feel we are constrained or have lost power. If this is true, then feeling powerless in one's own body could ignite a battle to retain ground. The spectre of war thus suggests that there are two opposing sides, which implies a separation between body and mind. This sense of being two separate yet interacting entities is referred to as Cartesian mind-body dualism (Descartes, 1984). Very briefly, Descartes argued that the nature of the mind (a thinking, non-extended thing) is completely different from that of the body, which is an extended non-thinking thing that takes up space. According to Descartes, the mind and the body are distinct and dissociable. Although the theory is controversial, Bloom (2004) argues that humans are innately dualists and that other perspectives are learned.

Elaine's description of body as opponent who often "wins" suggests an inequality

in the dualism. All of the women in this study know they might experience unpleasant results if choices are made that are not in the best interests of the body.

I love chocolate but I know it's not really my friend anymore. So I know that if I'm going to partake in that, I will suffer consequences. (Faith)

Navigating food choices has become more complex for these women than simply buying what happens to be on sale at the grocery store that week or eating what is offered when a guest in someone else's home.

It is literally a discussion between my head and, you know, I'll say what my stomach or what my intestinal tract or my bowels are telling me. Because my bowels, my intestinal tract, my stomach... they're sending a really strong message. (Elaine)

Elaine's suggestion that her body is sending a message is a belief that is shared by the women in this study. They spoke of having to listen to cues that they might receive from their bodies. The concept of listening to their bodies suggests a form of intuition, which we have come to think of as a perception without reasoning or some form of spiritual knowing (Barnhart, 1988). For these women, however, the messages they receive that influence eating decisions perhaps come out of previous experiences. Rather than having a spiritual knowing, their intuition aligns more closely with the late Latin *intueri*, which means "a looking at" or "consideration" (Barnhart, 1988). These women have learned through reflection on past experiences that eating certain foods may lead to undesirable physical reactions. This awareness of the physical "fall out" of food and beverage selection prompts these women to try to be conscious and intentional in their choices.

The type of intuitive eating in which these women participate falls perhaps outside the definition of "intuitive eating" that is part of the body weight and body image literature. Bruce and Ricciardelli (2016) define intuitive eating as "any eating approach based on hunger and satiety that does not restrict food type, unless for medical reasons" (p. 455). This eating style encourages using hunger as a cue to eating to the point of satiety, avoiding eating in response to emotions, and keeping health as a guiding principle when eating but not considering body shape or weight. Intuitive eating, as such, is associated with psychosocial factors that included perceived weight acceptance, positive body image, body appreciation, and body satisfaction (Bruce & Ricciardelli, 2016). For these women, however, intuitive eating is more about how they react to their food choices on a daily basis.

The physical consequences of eating range from skin reactions through to pain. Cynthia has become aware, for example, that "pain can come if I'm not eating right or if I've had too much coffee. Caffeine can cause pain." The women have also noticed that their food choices often trigger tummy upset and general malaise.

You go to the drive-in and eat nothing but sweet and salty foods and the next morning, it's like... I feel like crap (laughter). (Cynthia)

These immediate, short-term repercussions seem to supersede any concerns about long-term effects of eating.

I don't think that eating poorly for a weekend is going to result in my losing years off my life, but it is a little bit more around actually: I don't feel good when I do it anymore. So I don't *feel good* [Elaine's emphasis] when I eat meat much anymore. I don't *feel good* and I feel it in my belly. I feel bloated and just things like that.

Or I just used to be able to do it and not have those kinds of side effects or my body rebelling against me, whereas now there is the body rebelling a little bit more. (Elaine)

The women in the study frequently connected food choices with consequent energy levels. Energy, for these women, is not the calorie content of foods that they eat, but rather their sense of vigour or stamina. All of the women mentioned that they have become conscious of the need to support their energy levels as they are no longer as energetic as they were as younger women, a circumstance that Avlund (2010) contends is common at midlife. Heather laments her diminished energy reserves compared to those enjoyed by her younger self.

I've got to be in bed by 10 or 11 if I'm going to push myself tomorrow. Those little things, whereas I could ignore them, right, at 35 or 40? I could definitely push myself, have that extra glass of wine. (*Laughs.*) It'll be fine: I'll just have more coffee tomorrow. More coffee doesn't work anymore, right? (Heather)

Faith has also noticed that, that despite her lifelong healthy diet, at midlife she is "eating the same way but [has] less energy" compared with when she was younger. She has also noticed that her stamina plunges further when she eats certain foods.

I know what makes me feel good and what gives me energy. I do like to get up, so if I do cheat and I do, let's say, eat some chocolate or a glass of red wine, then the next morning I'm dragging. I don't have any energy. (Faith)

As an athlete, Cynthia is most concerned with stamina and performance. She has found that her body will "usually tell [her]" when she needs to adjust her diet. She knows because, as she explains, "I'll be tired" .

Conscious Choices

Despite perhaps feeling as if they are engaged in a battle, the goal for each of the women in this study is to negotiate an armistice with their bodies by making adjustments in what Elaine calls "hedonistic" choices so that they can feel better.

Now, ice cream is my favourite food, hands down. I could do salad and ice cream every night for dinner. I don't need an entire bowl. I don't need the pint. I can have a couple of scoops and go 'I'm good'. I deny myself very little, but the portion size that I consume has changed markedly. But it is still pleasurable. So I still get the things that I like. *I just don't get them in the same quantities.* (Whispers) So it's a negotiation. (Elaine)

Elaine's choice of the term negotiation is an interesting one. If you wish for a battle to end, you must negotiate peace. Derived from the Latin *negotiatu*, the original meaning of "negotiation" was "to clear on horseback a hedge, fence, or other obstacle" (Online Etymology Dictionary, n.d.). Undoubtedly, the women in this study view the decisions about food selection to be obstacles they must daily overcome.

And that's the struggle... So, you know, now I'm just eating and trying to eat, not more, but healthier. (Gillian)

Perhaps, too, food selection at midlife is bargaining. Negotiation also has its origins in "doing business" (Barnhart, 1988) or bargaining. The verb "to bargain" comes from the Old French *bargaignier*, which still today has the meaning "to haggle over price" (Barnhart, 1988). The women in this study definitely tell stories of bargaining, albeit with themselves, over the personal costs or consequences of the food and lifestyle choices they make on a daily basis. Amanda suggests that she has "entire conversations"

with herself concerning what she "should eat or shouldn't eat or what would be the better of this or that." Although something in the past might have given her pleasure, each woman must now give careful consideration to whether or not she should partake, and, if she does, what will she be giving up? Each of the women express, as Elaine states, that they "want to feel good." They mention changes they have made regarding their food selection and timing of meals in order to accomplish this goal. Faith says, for example, that she has decided to make the adjustments to her diet that are necessary to support her goal of "having the energy to go right through to five" without the "mid-afternoon slump." Along with changes in her energy levels, Faith has also noticed differences regarding her ability to digest foods now that she is at midlife.

So now I have to be conscious of... eating slowly. Just to chew food well because of that. I consciously eat smaller meals but a little more often. I also try not to eat too late at night...because it's harder for the food to digest and so if I'm lying down, you know, sleeping... So I guess I should say not to eat too close to bedtime. (Faith)

The necessity of avoidance of late night eating was mentioned by several of the women as a new choice now that they are at midlife.

...the one thing that I do notice from when we were younger: eating late at night.

We cut that out and we used to go out with friends, have a few drinks but then you go and eat greasy pizza with it. We don't do that anymore. So that's one thing that's changed. (Cynthia)

When asked why she no longer eats at night, Cynthia replies, laughing, "Well, we don't go out drinking anymore." I am left to ponder whether it is merely the alcohol that

Cynthia has omitted from her life or if she has curtailed activities that might have brought her other pleasures, such as socialising with friends, in a bid to preserve her energy.

Certainly, Elaine shares that she "sacrifices" socializing with friends.

....because I just don't think at the end of the week I'm going to have the energy to be able to do it. I don't want to go out. Right? So someone will call and say 'do you want to come out for a cup of coffee and, you know, I can meet you Friday at 9 o'clock' and I'm just – if it's my pj's or it's going out, sorry, it's my pj's that win!
(Elaine)

Along with making eating compromises to promote having energy and feeling good, these women are also investigating strategies for supporting their bodies when and if they decide to indulge in their "guilty pleasures." Heather has noticed that her body has recently started to "get heat going" when she indulges in "sugar."

That never used to happen before... I used to be able to handle it, or at least I thought I could. It's definitely causing me to re-evaluate. " (Heather)

Heather says that she has come to the realisation that she will not always make the healthy choice going forward and she wonders what she can do despite her imperfect choices.

I'm thinking more about those answers, like: what I can do to support my body because I [like to] have [sugar]?" (Heather)

Cynthia believes that eating properly will minimize her "junk food" indulgences. She is certain that her "cravings will go away if I'm on the ball and my body will tell me if it's working or not."

Faith is also realistic about her food future.

I can't say I'm not going to cheat once in a while. But I guess the consequences are so immediate that I probably won't that often because I just feel it's not worth it."

Ironically, at a time when these women notice that their personal energy is a finite resource, they feel they need to expend more effort simply to remain as they are. Faith takes the onus of her reduced energy on herself.

I feel like if I could be a little more disciplined in my eating and I can recapture that, and heal my adrenals more... because I do want to have more energy. I do want to go through my days feeling good. (Faith)

Amanda suggests that midlife means that she has to "compensate even more to try and make [herself] feel younger, look younger, get skinnier and that's even more stress." Each woman seems to resent the additional effort involved in maintaining a status quo now that she is at midlife. Heather complains, "It's just like keeping everything... It's just more of a job. Isn't it?" Faith remarks on the additional effort she is now required to expend, noting that she is "having to work now at maintaining [her] weight" and to "be more vigilant" about taking essential fatty acids.

Fighting to Keep It

Although the women in this study have linked eating choices with fatigue, they are also conscious of their "depleting resources of energy" and are negotiating new strategies for managing their limited allotment. Again, and using the battle metaphor, Elaine feels she is "fighting to try to keep those energy levels the highest possible" She has let go of any expectation of "maximizing the energy or having an abundance of energy" that she had when she was younger and Elaine's goal now is simply to "curb the plateau."

Amanda says that she no longer keeps the hours she did when she was younger because she "just [doesn't] have the energy anymore." Heather is also aware that she can no longer push herself "to the wall" in the same fashion she used when she was in her thirties.

...the way that I met my accomplishments, my to do list, to achieve the outcome I was looking for: I can still be looking for the same outcomes, but if I want to take care of myself and not look all hagged out and not be an emotional basket case, I have to make different choices. (Heather)

For Heather, these different choices extend even to the point of some of her more superficial energy expenditures such as deciding what scarf she would like to wear to accessorize her outfit. Although she "likes fashion" and has enjoyed jewellery making in the past as a hobby, she has noticed that recently her perspective has changed.

What I don't want is 60 scarves. I just want one cashmere scarf because I don't have the energy to go through my inventory of scarves to decide which one to wear. I'd just rather have a really good, cozy, enjoyable, high quality scarf. And I find that interesting because to me *more* meant *more fun*. (Laughs.) And now *more* means *less*. (Heather)

For Heather, fewer choices means she can conserve more energy for other pursuits.

Heather suggests that she is irritated by the limitations imposed on her by her body and feels "completely annoyed with the inconvenience" of having to monitor her stress and energy levels. She complains that she is frustrated that she can no longer push herself and "go into total self denial in order to accomplish stuff" as she did when she was younger. Yet, she surrenders to the new demands from her body. The youngest member

in the group, Bethany, has not noticed steep declines in her energy, but does find she is using her days differently than she once did.

I don't tire very easily, but if I don't take my time to rest properly, then it hits me.

I've always been a morning person, and by the time the evening comes, I just run out of energy, right? (Bethany)

Daily, each of the women in this study is surrounded by a variety of options for food and drink as well as how to use her energy resources, an experience that might be likened to the freedom one might enjoy at a supper buffet. Yet, for these women, the awareness of the potential consequences of their decisions have, for them, created a situation in which they perceive a plethora of options but also a sense of limited choice. Thus, while the buffet is open and inviting, the experience of being midlife for women may mean that there is a gap between the constraints of energy and consequences and the availability of choices, which is a gap that requires ongoing negotiation.

It's a Good Place

As she sits at the table to partake in the buffet supper with her companions, she notices the distinct flavour of organized chaos. The setting often resembles a gap-toothed child as some diners rise from their chairs to fill another plate while others remain behind to finish what they have started. Time appears to move backward and forward as those sipping soup sit elbow to elbow with others scooping raspberry pie into their happy mouths. The accustomed flow of a meal is disrupted, yet there is no judgement when a diner stands up to retrieve "just one more taste of that delicious beet salad" after finishing a generous serving of chocolate cake. She, too, is tempted to return for more. Instead, she savours her herbal tea and the conversation of her seat mates. She adjusts herself in her

chair and is comfortable.

Similar to the disordered flow of the buffet meal, the women in this study move backward and forward from denying to accepting their place in midlife. Along with their frustration, there is hope. Accompanying losses, there are gains. There is still a sense of uncertainty about how to move forward in their lives, but they are also confident.

There is Acceptance

Elaine states that she initially did not want to admit to herself that she is in midlife and yet, she says at the same time, she was aware of it.

...that private little voice that's in your head, you know, the kinds of things that you only tell yourself? I knew I was at midlife. (Elaine)

Elaine thoughts seem to echo those of the group and for the most part, these women voice an acceptance of the various transformations in their lives. Faith talks about how much her body has changed at midlife, but she also expressed that she is

glad that it happens kind of gradually so that you can...(pause). There's sort of an acceptance that comes with it. (Faith)

Elaine, who says she does not wear make-up or curl her hair on a regular basis, confesses to a "small level of vanity which I don't admit very often, such that I still want to present myself a certain way to my husband." She feels, however, that she can "look in the mirror and go: If this is midlife, then midlife isn't so bad."

Likewise, Heather, who expressed disappointment that she no longer is a focus of male attention, also notes that despite being invisible to men, "at the same time, there is real freedom in that and [she is] learning to enjoy it." Heather states that focusing so much on her appearance seems "superfluous" now.

I used to put a lot of effort into clothing and what I would choose for the day to express myself or present myself to the world. And even though I put a good amount of effort now, I just... I don't have the mental...I don't have the space in my head for that concern anymore and I enjoy that on some level too...For me the sands are shifting and things that were, yeah, more superficial, more on the surface, just don't, they're losing room on the grid. (Heather)

Heather's priorities are shifting from her appearance to "what really matters" in her life. For Greer (1991), a shift in focus such as the one Heather has experienced is unavoidable for women at midlife:

Only when a woman ceases the fretful struggle to *be* beautiful can she turn her gaze outward, find the beautiful and feed upon it. She can at last transcend the body that was what other people principally valued her for, and be set free both from their expectations and her own capitulation to them. It is quite impossible to explain to younger women that this new invisibility, like calm and indifference, is a desirable condition. At first even the changing woman herself protests against it; she may even take steps to reverse it...but sooner or later she will be forced to accept it. (p. 378)

The women in this study have also learned to accept the new lifestyle that was associated with reduced energy levels compared with when they were younger. Although Elaine mentioned that she is not happy about her reduced energy levels, she has simply "changed how I do the things I need to do. There is acceptance." Her view of the work that she previously would do at home at the end of a traditional day at the office has also changed.

I don't want to do the second shift anymore and I don't want to devote my time to the second shift... Now I have become a little bit more accepting – again that word of self- acceptance coming through – I'm a little bit more accepting that maybe I can't do it all, but also maybe I don't need to do it all, you know? (Elaine)

Heather, too, acknowledges that she has to make different choices about her energy use now that she is in midlife, but claims that her life now has a "cadence that's more manageable and enjoyable." By honouring the energy limitations placed on her now, Heather also suggests that she is providing some self-care rather than "[putting] up with the discomfort" of over-exerting herself as she did when she was younger.

Despite their complaints about midlife changes, there are certain aspects of their lives these women actually prefer now that they are at midlife. Elaine mentions the financial security she enjoys now and specifically refers to her ability to choose nutritious foods when she shops. She reminisces about grocery shopping as an undergraduate student.

Everything needed to be relatively cheap and when Loblaws at the time would have their 50 cent canned pasta, you know, there was a summer living on Alpha-Getti, literally. I was that broke. (Elaine)

Now, Elaine focuses her menu on fresh fruits and vegetables because she is "willing and able to spend the money on it" and eating healthy food is something she enjoys.

I'm going to shop local. I'm going to travel to better quality stores to do it. With all due respect to things like Food Basics, no. I'm going to Whole Foods. I just am. So there's a financial thing that's really different about eating at midlife for

me. (Elaine)

Gillian also mentions improved financial well-being at midlife, as well as feeling more independent and "more secure" in herself. Heather also feels more "secure."

I'm a lot wiser and I feel a lot more confident about what... where I am and what I can contribute and my value in certain areas. I'm... I have my own insecurities too, I'm not all – but they are more balanced. My insecurities are more balanced with my confidences. (Heather)

Even Amanda, who, of all the women expressed the most frustration about her circumstances, confesses that she feels like she is "much more control of [her] life now than [she] was."

Although all of the women in this study mourn their losses, including youthful appearance, energy, and their experiences of motherhood, none of them expressed a desire to turn back the clock to an earlier time in their lives. Amanda states, "I just wouldn't want to go back, you know what I mean?" Gillian agrees.

I wouldn't want to go back to being 25.... That was a lot of work. (*Laughs.*) Don't you think? No, I don't have that kind of an urge to... hit rewind and do it again. (Gillian)

For her part, Bethany, who is the only woman who expressed an unmet desire to bear a child says, "I've learned to come to accept it and embrace it. Maybe that wasn't part of my plan." Faith also talks about the new opportunities available to her at this point in her life now that her children are starting to leave home.

[There are] various courses that I'm, you know, I'm taking or that I want to take. It gives me more time with my husband and, so, time for us to reconnect as a couple

again. (Faith)

The women in this study expressed, like Cynthia, that they "don't feel like [they are] getting older," and none of them consider themselves to be already old. There is, however, a realisation that they are no longer in nubile bodies. Faith states, "I still want to accept that, I guess, to a certain point, that as I'm doing my best, my body is aging." By accepting that they are being physically impacted by the passage of time, the women in this study are able to make choices that support the new needs of their changing bodies.

I think you really have to take care of yourself a little bit more... the exercise and watching what you eat. Your nutritional needs do change a lot when you're in your mid-life versus when you're in your twenties and thirties. A little bit more proactive, as well, with the different screenings and stuff, with your physicals and stuff like that. (Bethany)

Gillian is adamant that she "feels good health wise." She confidently states that "midlife is a good place." Elaine words may sum the group experience.

Now that I'm squarely in mid-life (*Laughs*) there's actually been a shift for me in that I'm a lot more comfortable saying it and I'm actually a little bit proud of it; because, maybe for me now, I can go 'I'm in midlife and this is who I am.' And so there's an element of: 'I'm doing pretty okay and I'm feeling quite proud.' If this is what midlife is and this is what somebody in midlife is able to feel, think, how a person in midlife lives their life and the level of self acceptance – I'm pretty proud of midlife, at least right now. (*Laughs again.*)

Although at midlife she may occasionally feel the urge to protest the insistent forward motion of time and eat her dessert first, for the most part, each woman in this study is

starting to find order in the chaos and is learning how to get comfortable in her new seat at the table.

Discussion: A Menu of Possibilities

The dishes are cleared and thoughts turn to the next meal. For women at midlife, there is no time to rest. Children might need help with a bath or their homework, with learning to drive a car or choosing a university, with weighing job offers or possibly with care of their own young ones. At any moment the phone could ring with a request for help from an aging mom or dad. Perhaps, instead, she will telephone her parents to make sure they have everything they need. Tomorrow, she will open her closet doors and search for her favourite comfortable clothes to wear to work. Her agenda is full, so she may have to arrive early. *Perhaps I should pack a lunch?* Between this moment and the alarm that will invite her into morning, she will hope for a restful sleep and to awaken in a body fuelled and eager to meet the demands of the day. She will be busy.

Negotiating Midlife

The intention of this study was to investigate the phenomenon of midlife and the experience of eating for women. The women came to the study through a social media campaign and through referrals from other women who were aware of the study. The guiding research questions were explored through in-depth conversations with seven women who identified themselves as being at midlife. The conversations did not include the gathering of any demographic information. The details that I learned about the women's ages, ethnic background, income, marital, or motherhood status were revealed in their answers to the open-ended questions. Although menopause was not a focus of this study, the menopausal transition is intricately weaved into the midlife experience and some women talked about where they perceived themselves to be in this transition.

I began the research because I felt that it could bring important insight to the

challenges and opportunities for these women at midlife, with particular attention to the meaning they give to eating as part of the experience. I have had an interest in women's physical health, in general, and their nutrition, in particular, for several years. In my career as a nutrition consultant and women's health advocate, I found that women struggled with making dietary choices that supported their health goals. I began to wonder what was influencing their eating decisions.

In this investigation I wanted to learn more about how women interpreted the phenomenon of being at midlife. How is midlife different than being a young adult? What has changed for them? How do they feel about those things that have remained the same and those things that have changed? I also wanted to investigate the personal meanings these women gave to eating as part of their experience. Is eating different now from when they were younger? If it is different, how is it so? What are their feelings about eating now that they are at midlife? I wanted to investigate what the experience of midlife was for these women. Specifically this research was guided by the following questions: What does it mean to you to be at midlife?" "What is it like to be a woman in midlife?" "What is it like to be in your body at midlife?" "How would you describe your eating practices at midlife?" "How is this the same or different from when you were younger?" "What is important to you about eating now that you are at midlife?" "If there are things that you would like to change about what you eat, what stops you?" Together these queries contributed to the overarching question: What is it like to be a woman at midlife, and what meaning does eating have for women at midlife?

Conversations in this study began with asking these women what midlife means to them. When I asked Amanda this question, without hesitation, she answered, "Crisis.

That's what you think of, right?" I admit to being taken aback by Amanda's answer, not only because such a poignant response was unexpected so early in our conversation, but also because the word came quickly, as if it were sitting uncomfortably on the tip of her tongue. Indeed, perhaps it was. It is possible that in preparing for our conversation, Amanda found that the word best explained her experience of this time period. Her belief that this feeling is universal for women at midlife suggests that Amanda accepts the message in popular culture that midlife is a time of intense personal turmoil. Yet research shows that this concept is a myth (Klohn, Vandewater & Young, 1996). Amanda's response was, however, the first indication that this research may not follow the trajectory I anticipated at the outset.

The other women use different criteria to establish that they were in midlife. Bethany names midlife as being "just halfway through life." Heather answers the question with one word: "50." Faith puts midlife in context as "kind of the second act of life." Gillian does not see midlife as a particular time period. Instead, she indicates, after a long pause, "It's just a process that I'm going through."

The disparate answers these women provide suggest that defining midlife is as nebulous for these women as it is for researchers who have, thus far, neglected to put brackets around it. If midlife is indefinable, can it be studied? What does midlife mean? Is it an age? Is it a distinguishable period in one's life? Are there different stages within the stage of midlife? Is midlife, as Gullette (1997) suggests, the entrance to old age? Is it more than that? Is it possible to define midlife while life spans are continuing to stretch? As life spans increase, does the middle move, or does it also stretch?

Negotiating Temporality

The influence of time, or temporality, is significant in this study. Time situates these women in midlife, however they define it. Time has been a factor in their evolution from girl, to young woman to how they see themselves now. Time, counted as birthdays, allows some of these women to attach a number to their definition of midlife. Like the mythological two-faced Greek god Janus (Bradley, 2007), these women look backward on the past to reflect on what has been completed and they look forward to the uncertainty of the future. In this moment of time, they contemplate. As Faith suggests, midlife allows the possibility to "re-evaluate what really is important to you because, you know, probably half of your life has passed."

Time is ephemeral for these women and there is a sense of disbelief about where it has gone. This disbelief is evident in the first theme, "Not Me." The women deny that the midlife label applies to them because their lives today feel so very much like they did yesterday. These women have not experienced a sense of slowing down or "seclusion or rest" (Barnhart, 1988) that we have associated with the retirement that has come at midlife in the past. These women are still in the thick of busy lives that may include partners, children, and work. As both Bethany and Cynthia said, their lives are "go, go, go." If the activity level and demands on their time have not changed overmuch from when they were younger, it is not unreasonable for these women to question how, then, they can be considered to be at midlife.

It is also evident, in Bethany's words that "times have changed... We live longer. Expectations are different." Mandell, Duffy and Wilson (2008) write that the expanding chronological gap between youth and old age finds adults in midlife for much longer

periods of time than previous generations experienced. The confusion and subsequent denial about whether or not these women are indeed in the midlife stage might arise from this additional time coupled with what some writers suggest are "cultural scripts" that "have not been written" (Mandell, Duffy & Wilson, 2008, p. 7) about *how to be* a woman in midlife. If midlife does not mean what it did in the past, what does it mean in the present time?

At midlife, these women have also learned that time is indifferent, unchangeable, and always forward moving. They cannot pause time and so, instead, they bargain with it, as is evident in the theme "It's a Negotiation." Time management is critical for these women. Like the other women, Elaine has changed how she "devote[s] her time" because she places new value on it. Gillian explains the importance of taking care of herself, yet she acknowledges that "there's not always a lot of time; that old cliché about not having time. Not finding the time." In reference to eating, Bethany explains that "time is a consideration." Cynthia agrees that "you've got to [prepare healthy meals]; it does take time."

Time also influences food selection for these women. In previous investigations of the impact of time orientation on food selection (Dassen, Houben & Jansen, 2015; Renner, Sproesser, Strohbach & Schupp, 2012), researchers found that older participants made decisions about what to eat based primarily on a long-term orientation or the goal to support their long-term health. The women in this study, however, have a short-term orientation toward food selection. Although the women have long-term health goals, what they choose to eat *today* results from a conscious decision based on how a particular food will make them feel *tomorrow*. This finding raises important questions concerning the

influence of time on food selection. Is short-term orientation to food selection common to women at midlife? If it is true that older adults have a long-term orientation to food selection, when does *older* begin? Are the choices made by women at midlife with a short-term orientation to food selection also supportive of long-term health?

The women valued time and, similar to other studies of women in this life stage (Mandell, Duffy & Wilson, 2008) were acutely aware of time left to live. When explaining the meaning she gives to being at midlife and the importance of personal reflection at this time of her life, Faith says that "you want to make the most of the next part." The women have given thought to the future, but they admit that it is not a subject on which they dwell. Elaine describes herself in the third person when she talks of the future.

So midlife Elaine transitioning into older Elaine is a little fearful, because I don't know what it will look like. I don't know how I feel. I know it's still a bit of a ways away so I'm not... it's not something that I carry in the back of my mind and access regularly. But [I] just don't want to think about it, so [I] just keep plodding on right now. (Elaine)

Gillian's thoughts about the future acknowledge the speed of time and hint at acceptance that is described in the theme of "It's a Good Place."

I just enjoy this stage and try not to focus on the future so much because life is kind of, I think everybody is feeling it, how it's just moving so fast. So you don't want to miss this part worrying about the next part, and then when you get to that part wishing you were back here. Right? (Gillian)

Experience has shown these women that time will pass and, as Gillian observes, before

they know it, they will be looking back on midlife.

Negotiating Corporeality

How these women experience being in their bodies is a powerful theme in this study and is a major aspect of the midlife experience for these women. The women talk about how their bodies look and feel different to them at midlife and that their bodies require different care than they did in the past. The women have trouble recognising both their physical appearance and the new limitations their bodies place on them. This experience is first evident in the theme "Not Me" when the women specifically say that the reflection peering back at them in the mirror often surprises them and does not match the mental picture they have of who they are. This experience of being caught unawares by one's reflection is one that has been identified in other literature about women at midlife (Banister, 1999).

The women are obviously aware that bodies age from childhood to being young women, but there is a sense that the changes at midlife come abruptly, without warning.

Because there seems to be a long period of time where you don't have a lot of change. I don't know what age science would say, but in my mind I think of sort of 18-19 all the way through to my forties. That's a fairly long time. There were subtle changes, but it wasn't as noticeable as the midlife changes. They're pretty noticeable. (Faith)

Banister (2000) writes that the changes women experience at midlife often occur rapidly. Some of the abrupt changes experienced by the women in this study are visible to themselves and to others, and include differences in skin texture, body weight and body

fat distribution. For some, hair frosts over and a decision must be made: To grey or not to grey?

Yet the changes experienced by women at midlife are not only on the outside. Just as quickly as she may notice changes to her appearance, the woman at midlife becomes aware that manufacturers have decreased the print size on product labels to the point that letters and words blur together. Feet ache in the morning when they hit the cold bedroom floor. The women sense that what they know is vanishing, as is evident in the theme "You Lose." Sleep is no longer a restorative tonic. Words slip through the cracks of the once impenetrable vault of their memory. Faith is aware of "memory [loss] and maybe [I'm] not quite as nimble of mind. You know, taking longer to learn things. I've noticed that." They no longer have never-ending supply of energy.

When I think of me in midlife, there are real perceptible changes in respect to energy. I would hear people talk about it and now I have a level of empathy with it because now I'm starting to experience it as well (Elaine).

The monthly menstrual cycle that has been a partner and guide for so many of the decisions she has made in her life for the past several decades has become unpredictable and unreliable or has abandoned the woman at midlife altogether. Similarly, many of the diet and lifestyle strategies she has used to navigate her life to this point now have lost their effectiveness.

The women in this study are deep in the throes of establishing how to negotiate this phase of their lives, as is expressed in the theme "It's a Negotiation." Heather explains that she has started to work with a fitness trainer because "muscle tone needs to be in the forefront. I'm going to try and keep my skin from sagging." The women have

made a connection between lifestyle decisions and the foods they eat with how they feel in their bodies. Often choices are made based on the negative consequences that they anticipate will arise as a result of their decisions. In reference to food selection, the women experienced consequences such as increased body weight, "fibrocystic breast pain," joint pain, digestive trouble, and increased body heat. All of the women in the study linked food selection with consequent energy levels and make choices that support robust energy. The finding that women make food choices based on how foods will impact their energy levels or stamina seems unique, as it does not appear elsewhere in the literature that was explored for this study. Studies, instead, tend to focus on energy in terms of calorie intake and weight management (Rasa et al., 2012; Yen Li, Yaw Addo, Perry, Sudo & Reicks, 2012).

Together, the internal and external body changes experienced by midlife women may lead to an impact on her self-concept, or how she defines herself (Markus, 1977). Hesse-Biber (2007) writes that "our physical appearance is always visible to others. It is a critical factor in the development of self-concept for women" (p. 110). If our physical appearance is always visible, then what effect does being invisible have on the self-concept of these women at midlife? Similarly, body changes at midlife impact a woman's sense of her identity (Banister, 1999). The women in this study ask themselves: Where did my youth go? Who is this person I see in the mirror? What is happening to me? Am I still attractive? Who am I? Who am I becoming? How much more will change? Elaine wonders about her future self.

If I think 'this is me now. This is my sense of self.' What do I want my sense of self to look like I'll say after 60? (Elaine)

For the women in this study, body changes also remind them that they are aging. Elaine spoke of a recent doctor's appointment in which she was asked to undergo a battery of medical tests based solely on the fact that she had recently celebrated a birthday, which firmly connected her body with her age and health in her mind. This experience is similar to findings by Hooker and Kaus (1994) who suggest that women at midlife may worry about whether the physical changes they are experiencing are associated with or predictive of a decline in health. The women in this study wonder: What do the morning aches mean? What if my arthritis gets worse? What if, despite keeping my diet and exercise levels the same, I continue to gain weight? What if my now-fibrocystic breasts mask a cancerous lump? How can I get uninterrupted, restful sleep? How serious are the heart palpitations? When does forgetting where I put my reading glasses translate into dementia? What if I can no longer care for myself?

Bethany explains that she makes choices about diet and exercise now to support her long-term health goals.

I want to be that spunky old lady that's 80, that's, you know, running little committees and taking her cruises and, you know, kicking it up! Not in the nursing home being somebody with a walker and having to have a nurse or caregiver take care of her. That is route I do not want to go down. (Bethany)

Gillian has also thought about the impact of aging on her body.

I can't imagine being 80. Think about it now, mentally. Here I am at 57 and I don't feel any different then when I was 17, 18. But being 80 or in a body that's not physically well and older? It must be really hard. (Gillian)

Gillian also says that "when I think about myself aging like that, I do get a little sad."

Despite the fact that these women are deep in the process of negotiating what their body changes mean to them as well as how to care for their bodies during the process of change, they have been able to accept at least some parts of their new reality, as discussed in the theme "It's a Good Place." While it may seem inconsistent that these women both struggle with their changing bodies and accept the changes they are experiencing, this dichotomy is similar to that found in other studies of midlife women and is common (Banister, 2000; Mandell, Duffy & Wilson, 2008).

Sometimes this dichotomy is evident when discussing a singular topic. For example, early in our conversation Cynthia says that wrinkling around her eyes upsets her because it betrays a sense of her aging that she does not feel, but then later she says, "It doesn't bother me." Perhaps Cynthia is mired in the process of transitioning towards acceptance and is not yet ready to fully embrace the change she sees in her face. In her work on death and grieving, Kubler-Ross (1987) argued that there is a fluid movement between denial and refusal to resign oneself (Barnhart, 1988) to the inevitable and acceptance is part of the grieving process. Denial gradually diminishes and is replaced with acceptance, yet even in acceptance there are vestiges of denial (Kubler-Ross, 1987). Although these women are not on the precipice of death, it can be argued that they are grieving the passing of their youth. Greer (1991) writes that this mourning is common for midlife women. Kubler-Ross (1987), in her study of grieving, suggests that the journey to acceptance is not direct and indeed, for the women in this study, it seems that midlife is a process of mourning the youth that is lost while struggling to accept the changes that they cannot resist.

Negotiating Relationality

As the women in this study negotiate midlife, they must also deal with the confusion associated with their changing relationships with others. Banister (2000) argues that much of the confusion that midlife women experience derives from the way society responds to them at this time. The women in this study speak of changed relationships with children and parents, and with men. The most significant personal relationship described by the women in this study involves their roles as mothers. By this stage of their lives, they have evolved from women who mother babies and young children into women who mother teenagers and young adults. Taking care of babies might have transformed into taking care of grandchildren. In her essay proposing use of the term "postmaternity" to define the phase of a woman's life in which her children are no longer dependent, Gullette (2002) argues that little is known about this life stage for women.

As discussed in the theme "You Lose", Amanda mentions that the very act of her children moving out of her home to start their lives as independent young adults made her feel old. Faith is currently in the process of transition to mother of adult children, with two already out of her home and one yet in his final year of high school. Her role is different now than when she was "running around after them" and she must develop a new relationship with them. In reference to the burgeoning independence of her children, Faith reflects, "I guess it's another growth period for me because I have to draw on different, you know, types of reserves." Gillian, the only grandmother in the study, is content with her current relationship with her children, but voiced her concerns about the future.

I have a great, great relationship with both my daughters. We're like best friends.

And they always say, 'But Mom you're so young. You're still young. 'Yeah, but it's just around the corner and I'm not going to be young anymore. And how is that going to change, you know, our relationship? How's that going to change how [they] view me? (Gillian)

Family changes are multi-generational, as these women also negotiate new relationships with aging parents. After reflecting on having "a lot less responsibility now" since her children are older, Gillian corrects herself, laughing. "But I do have my parents now, which is a huge responsibility." Faith "imagine[s] most people at midlife have older parents" and explains that "it's hard" to watch parents age.

They're seeing their parents might be, you know, having health problems. So that's another hard transition because you're used to your parents being independent and then you see that your children are being more independent and your parents have less independence because of health or just slowing down.

(Faith)

Because Bethany's parents live a distance away from her, she takes on the onus of driving and is "always running" when it is time for a visit. All of the women in the study mentioned one or both of their parents in our conversations, suggesting that negotiating parental relationships is a key aspect of their midlife experience.

The women in this study also report on changed relationships with men and that they no longer garner the same focus of male attention as they did when they were younger. For some, like Heather, being noticed by men has always been part of her experience of being a woman. What happens for heterosexual women who have always

enjoyed the attention of the opposite sex when that attention disappears? How do they negotiate new relationships with men? How do single heterosexual women who are interested in dating find a partner when, as Heather suggests, "all the men, including the 65 year olds, are only looking at the 25 year olds"?

Heather recounts a story about a conversation she overheard at a sales meeting between two male acquaintances. In describing another woman that they all knew, the men said she was "past her sell-by date." Heather realized that these men possibly think the same thing about her. She then followed her "train of thought."

A woman is a pleasure. Like a good meal and a bottle of wine. And it's something that [men] would like to take out and enjoy along with their Porsche or their whatever. Whatever they find brings some pleasure. The thing that they want. And so to hear a comment like that like 'she's past her sell-by date' which means that you don't bring pleasure to male company anymore... who can be dismissive of that? (Heather)

Married or involved women in this study talk about changed relationships with their partners and specifically connect the changes with their libido.

It certainly changed, like, my sexual life for sure because it's not as active... because well... I don't feel like it. It's just not there. You have to work at it. So it takes planning sexually. And that impacts your relationship a little bit, too, you know. (Gillian)

Amanda sighs after explaining that she wants to be sexually active with her partner, "but then it's like 'oh I'm so tired.' I don't want to do anything." Faith also talks about how the physical changes of midlife including "the loss of lubricant and thinning of skin for

women sexually" have impacted her sexual relationship with her husband. She is hopeful, however, that "when children are gone and you have more time, those things will kind of balance out maybe a little bit, too."

It is also important to consider a woman's relationship with the health care system as a factor in how they experience midlife. Explorations into midlife development for women have typically been focused on biology and are most often concerned with reproductive functions during this life stage (Raftos, Mannix & Jackson, 1997). Indeed, the end of fertility for women is intricately intertwined in the process of aging such that it is difficult to separate them (Mandell, Duffy & Wilson, 2008). Faith ponders this amalgamation of menopause with aging.

Obviously, there's the physical changes of menopause, which means your body doesn't quite operate the way that it used to. And we're going through aging, as well.

In the last few generations, there has also been a shift of perception about menopause being a natural process to the concept of menopause being a disease that requires medical care (Utz, 2011). Although in this research only Elaine suggested that she felt stigmatized by her experience with her doctor, the women are certainly aware of the health aspects of the menopausal transition.

Of course, then there's all the things going through menopause like headaches and sleep deprivation and insomnia and hot flashes. I was fortunate that it wasn't super bad. I never had to take any medication or anything like that. And I'm not on any estrogen or any type of replacement. (Faith)

Gillian is using hormone replacement therapy, although she explains that it is "only because I have osteoporosis." Gillian's word choice suggests that she felt that her decision to incorporate estrogen therapy might be perceived as a failing. Perhaps she believes that menopause is a natural transition that should not require medical intervention.

Confusion about *how to be* in midlife may also be the result of the influence of media, as the portrayal of midlife women in film, television and print media is often a stark contrast to the midlife woman's own experience (Banister, 2000). In this research, only Bethany wondered aloud whether the media provides "a positive message or is that a negative message?" Amanda did share, however, that she compares herself to other women. She says, "I have friends that are my age and skinny and they have a great life. Their midlife is nice." Amanda's words suggest that she connects body shape with a successful midlife and through comparison with others makes judgments about her own experience.

As they change, so, too, do relationships for these women, which leads the midlife demise of several social role identities. Social role identities "reflect the system of social positions" that a person might hold, such as mother, employee, manager, and volunteer and are key elements of self-concept (Moen, Erikson & Dempster-McClain, 2000, p. 559). What remains unclear is how changes in social role impacts how a woman identifies herself. What effect does a changing relationship with her child have on a mother's social role identity? How do childfree women who wish to have children define themselves when the opportunity to become a mother has passed? How do changes in workload impact a professional woman's perception of herself? Goffman (1963) wrote that when a person's circumstances change from what is perceived as normal, he or she will undergo

spoiled identity. New perspectives suggest, however, that undergoing changed circumstances may be more like a social death (Yang et al., 2007). If this is true, do women at midlife experience social death? Does a midlife woman's sense of who she is survive being both invisible and experiencing so many changing social roles? If so, in what form does it survive?

Implications

In this research, seven women shared stories about their experience of midlife and the meaning they give to eating. Ultimately, the women have shared that this life stage is a period of intense transformation and it involves negotiation of many anticipated and unanticipated changes. They are conscious of how their bodies feel on a daily basis, and the choices they make about what to eat and drink are deliberate. What do the study findings mean for future nutrition education, practice and research?

Implications for education and nutrition practice. Findings of this study suggest that nutrition educators and practitioners, nurses, and other care providers must avoid the assumption that midlife women wish to focus exclusively or primarily on weight management and long-term health in reference to eating. Short-term considerations such as improved energy, reduced pain, and positive mood as well as concerns about appearance and avoidance of digestive discomfort and pain might be significant considerations for women, whether or not women are aware of a potential connection to eating. Thus, the concerns and priorities of a woman at midlife should be explored prior to beginning a discussion about eating.

Findings from this research suggest that women at midlife are very busy with children, grandchildren, partners and parents, and may still be in full-time, outside

employment. These women expressed a desire to remain actively involved in relationships and work, and to be in a body that, despite its changes, allows them to do so. This research suggests that, although eating is not a focus for these women, foods and eating may greatly impact how these women feel in their bodies on a daily basis, specifically, but not limited to, energy levels, pain, and mood.

Findings of this study suggest that it is possible that women may not have connected how they feel physically and emotionally with the selection, quantity, and timing of foods and beverages that they consume, or, indeed, that such a connection exists. Thus, there is an important role for nutrition educators and practitioners, nurses, and other care providers to assist women to consider how their eating behaviour and its impact on how they feel daily, or how their everyday lives at midlife may affect eating behaviours. Helping women to understand a potential interaction between eating and its consequences is particularly important with respect to the finding that familiar and long-enjoyed foods may cause new reactions in a woman's body at midlife. Nutrition and health care students must also be encouraged to begin conversation with midlife women with a holistic lifestyle assessment. Further, students should be counselled to avoid the temptation of beginning a conversation with a discussion of food for women at midlife, as this strategy may pre-empt meaningful exploration of priorities for these women.

Practitioners can help women to make associations about how they feel in their own bodies by carefully guiding the assessment consultation. A proposed strategy is to start the conversation with very general concerns and gradually move toward pinpointing eating associations. The purpose of this strategy is to help a woman move away from any preconceived notions she may have about food and eating and to instead start to focus on

her present experience. Firstly, practitioners might ask a new patient or client to generally describe her life. An initial broad probe might be: *Tell me what's going on with you right now.* Follow up questions might include: *What is a day like for you? Who relies on you? Tell me about your work. How do you relax? How do you exercise? Have you noticed anything that is different about your body or how you are feeling from when you were younger?* Practitioners could also use a modification of the *one question question* approach proposed by Duhamel, Dupuis, and Wright (2009), which is designed both to elicit a client's most pertinent concerns and to avoid imposing practitioner assumptions on the purpose of the visit. A possible question could be: *What would you like to have happen as a result of our session today?*

Answers to these question may provide insight into a woman's current life experience and her experience of her body for the practitioner and for the woman who may not have reflected on these questions. Depending on the information that is shared between the practitioner and the woman, the follow up discussion can begin to focus on connections between food and eating. Questions again might start generally with a description of eating practices, and include an opening probe such as: *Tell me about what you eat.* Follow up questions could include: *How do you make your eating decisions? Do others influence your eating? What would you like to change about what or how you eat?* Practitioners can then hone in on a specific area of concern. For example, if a woman mentions that she is bothered by low energy or that her energy has waned since she was younger, a possible question would be: *You mentioned that low energy is a concern for you (or your energy has changed since you were younger). Have you noticed that certain foods make this better or worse?*

For the woman who has already made the food/feeling associations and has taken steps to modify her choices and behaviour, the practitioner can then offer nutrition and health expertise to further enhance the potential outcome. It is also possible, however, that the woman may not have previously made an association between foods and feelings in her body, or that she is unable to make such an association when asked about it. This might indicate that no such association exists, but it might also indicate that the woman may not be practised at focusing on how she feels in her body after eating, especially when consuming familiar foods. Practitioners could educate women about mindfulness techniques to help them tune into how their bodies feel (Raski, 2015) after eating and consequently learn how to recognise any discomfort or other unwelcome reaction. This mindfulness practice may also be of value to women who tend to ignore or persevere through discomfort. Alternatively, women would also learn to recognise welcome reactions such as improved energy levels, which would provide positive reinforcement if enhanced energy were a desired outcome.

The women in this study spoke about experiencing consequences to their choices up to a day after foods were consumed rather than immediately. This delayed reaction may hamper a woman's ability to decipher the precise cause of the undesired consequence she is experiencing. Practitioners can encourage women to use a food journal and track not only the foods and beverages she consumes in a day, but also the quantity, the time when she eats or drinks, and how she feels in her body throughout the day. After a pre-set period time, women and practitioners can then work together to identify trends in consumption and consequence. A food challenge test may help to confirm whether the correct associations have been made.

Public education about food and eating strategies to preserve energy levels would likely be beneficial to and welcomed by busy midlife women. Public presentation of these findings could occur through articles in popular health journals and public lectures.

Implications for research. Implications for future research are two-fold and involve both parts of the research question regarding the experience of midlife and the meaning of eating for these women. The findings of this study provide insights into the experience of midlife for women, but similar to the thoughts of Bannister (1999), the study highlights a need to know even more about navigating this stage. Particularly significant is the fact that women report a sense that they become invisible at midlife. Since one's physical being is part of how she thinks of herself, which Hesse-Biber (2007) refers to as self-concept, research can explore the impact of invisibility on a woman's self-concept.

Specifically, future explorations might consider the factors that are involved in the perception of invisibility and when women first become aware of the transition from visibility to invisibility. Researchers could also investigate whether the way in which a woman perceives herself changes after the experience of invisibility. If invisibility does change a woman's view of herself at midlife, investigators could explore what strategies she uses to redefine herself after the experience.

In reference to eating and in light of the finding that these women have a short-term orientation toward food selection, future studies could investigate whether this is a common experience for women at midlife. When does the time orientation switch from short-term to a long-term orientation for women? Are the choices made by women at midlife with a short-term orientation to food selection also supportive of long-term

health? For the women in this study, the short-term orientation to food selection is based on the primary goal to protect and preserve energy levels. Future investigations could explore whether the goal to preserve energy is common for midlife women. If so, studies could then delve into whether there are common foods that are associated with reduced energy and investigate eating strategies that support energy levels for these women.

Investigators could also explore how women at midlife determine which foods are supportive and which are detrimental to their goals. Intervention studies could evaluate what strategies are most effective in helping women make this distinction; for example, is food journaling an effective identification tool? Research could also investigate whether having a short-term orientation to eating promotes the selection of foods that also support long-term health.

Limitations

A limitation of the study is that all of these women were middle-class, Caucasian, heterosexual and in good health. Women from different ethnic backgrounds, socioeconomic status and sexual orientation were not studied. To better understand the full experience of women at midlife and the meaning they give to eating, research including participants with more diverse life experiences would be required. Issues related to food security might impact findings, as might cultural differences with respect to ethnic background or sexual identity. Because the research conversations reached redundancy through participants who enrolled primarily as a result of social media recruitment strategies, it is possible that there is some bias in the sample.

Other study limitations come from me in my role as researcher. Due to my training as a consultant and radio talk show host, my interview style in the first three

conversations was focused on staying close to the question to the potential detriment of learning about the phenomenon as experienced by the women. Although I received and incorporated feedback that improved my interview style and subsequently opened up the findings of this study, I am cognizant that the first few participants might have had more to share if I had properly supported them in the research conversations.

The second limitation pertaining to my role as researcher may lie in my profile as a nutrition consultant and expert for media. Although most of the study participants were not aware of my background as a nutrition professional, at least two women knew of my expertise and I had the sense in our conversations that their answers might have been tailored to be in line with my teachings.

Finally, as the focus of the study shifted away from eating and became more an exploration of the experience of midlife for these women, I found myself being absorbed by their stories. As a midlife woman myself, I empathised with many of their feelings and perceptions. I share many of the same worries and concerns as the women in this study. In writing the findings I was conscious that my familiarity with some of the experiences of these women led to descriptions that may contain more of my own voice than is ideal. Yet, it is also possible that the experiences of these women resonated with mine because they are a faithful reflection of the experience of midlife for women.

After dinner conversation

However midlife is defined by the women in this study, it is most definitely a time of transition. Although the changes are sometimes difficult, the women look to the future with a good sense of humour.

Midlife to me is, on many levels, really good – understanding that there are some compromises and some negotiations that I've had to make and there's going to be more that I have to make, you know, as midlife progresses. And knock on wood, midlife does progress! (Elaine)

As Elaine suggests, these women are optimistic about their ability to navigate whatever comes next.

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Appendix A**Recruitment Poster****Are You A Woman at Midlife?**

If so, English speaking women who live in the Niagara area or have access to Skype are invited to participate in a small study that will explore *what it is like to be a woman at midlife and your experience of eating.*

If you choose to take part in the study, I will ask you to meet with me for one conversation that will take approximately 60 minutes of your time.

Sharing your experience may help other women who are in a similar situation, and assist nutritionists and other care providers to more fully understand your needs. Participants will receive a \$10 Tim Horton's gift card.

If you are interested in participating in this study, and/or if you have questions, please feel free to contact me.

Lisa Petty
MA Applied Health Science
(Community Health) (c)
Brock University
lisa.petty@brocku.ca

Thank you for your interest in the study.

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca)

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board (File 14-283-Engel).

Appendix B**Letter of Invitation**

Title of Study:	What's for supper?: The experience of eating for women at midlife
Student Investigator:	Lisa Petty, BA, MA (community health)(c) Applied Health Sciences, Brock University lisa.petty@brocku.ca
Faculty Supervisors:	Dr. Joyce Engel, Associate Professor Department of Nursing, Brock University (905) 688-5550 Ext. 3168; jengel@brocku.ca Dr. Jenn Salfi, Assistant Professor Department of Nursing Brock University (905) 688-5550 Ext. 3483; jsalfi@brocku.ca

I invite you to participate in a project that involves research. The purpose of this study is to gain insight into what it is like to be a woman at midlife as they navigate food selection and the process of eating. Through conversational sharing, this study aims to shed light on the nature of this experience.

It is anticipated that this research will benefit other women at midlife. Possible benefits of taking part in the research include being able to discuss the experiences in your life in a private and safe space. Sharing your experience may also help other women who are in a similar situation, as well as assisting nutritionists and other care providers to more fully understand your needs. There are no known risks associated with this study.

Your participation in this study is completely voluntary. If you choose to take part in the study, I will ask you to meet with me for one research conversation that will take approximately 60minutes of your time. The conversations will be at a time and place that is convenient and comfortable for you. I will ask questions such as "What does midlife mean to you?" "What is it like to be a woman in midlife?" "What is it like to be in your

body at midlife?” “How do you incorporate eating into your life now that you are at midlife?”

Our conversation will be recorded and transcribed, and I will then provide a copy of the transcription for you to review. You may add, clarify, or change what you have said during the interview so that you can give approval for the use of what you have said. If you feel that you need support when reviewing the transcribed conversation, I will be available to meet with you in person.

From that point onward, your name will be removed to protect your privacy. Your name will not appear in any thesis or report resulting from this study. If I quote you, I will use a pseudonym. There are no companies or agencies sponsoring the research.

If you live outside the Niagara region and wish to participate, you must have access to technology that allows for long-distance communication, such as a telephone or Skype. If you are interested in being a part of this study, and/or if you have questions, please feel free to contact me (see below for contact information).

Thank you for your interest in the study.

Lisa Petty
MA Applied Health Sciences
(Community Health) (c)
lisa.petty@brocku.ca

Dr. Joyce Engel, Associate Professor
Faculty Supervisor
Department of Nursing, Brock University
905-688-5550 x3168; jengel@brocku.ca

Dr. Jenn Salfi, Assistant Professor
Department of Nursing, Brock University
(905) 688-5550 Ext. 3483; jsalfi@brocku.ca

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca). This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board (File 14-283-Engel).

Appendix C



Informed Consent

Title of Study:	What's for supper?: The experience of eating for women at midlife
Student Investigator:	Lisa Petty, BA, MA (community health)(c) Applied Health Sciences, Brock University 905-688-5550; lisa.petty@brocku.ca
Faculty Supervisors:	Dr. Joyce Engel, Associate Professor Department of Nursing, Brock University (905) 688-5550 Ext. 3168; jengel@brocku.ca Dr. Jenn Salfi, Assistant Professor Department of Nursing, Brock University (905) 688-5550 Ext. 3483; jsalfi@brocku.ca

Invitation

You are invited to be part of a project that involves research. The purpose of this study is to gain insight into what it is like to be a woman at midlife as they navigate food selection and the process of eating. Through conversational sharing, this study aims to shed light on the nature of this experience.

What is Involved

As a participant, I will ask you to meet with me for one research conversation that will take approximately 60 minutes of your time. The conversations will be at a time and place that is convenient and comfortable for you. I will ask questions such as "What does midlife mean to you?" "What is it like to be a woman in midlife?" "What is it like to be in your body at midlife?" "How do you incorporate eating into your life now that you are at midlife?" These questions will guide our conversation and are not to set limits on what you wish to share. You may choose to answer these questions as broadly as you wish. Our conversations will be recorded and then transcribed.

Once the conversation has been transcribed, you will be given a copy of your transcript to review. You may add, clarify, or change what you have said during the interview. If you feel that you need support when reviewing the transcribed conversation, I will be available to meet with you in person.

Potential Benefits and Risks

It is anticipated that this research will benefit other women at midlife. Possible benefits of taking part in the research include being able to discuss the experiences in your life in a

private and safe space. Sharing your experience may also help other women who are in a similar situation, as well as assisting nutritionists and other care providers to more fully understand your needs. There are no known risks associated with this study.

Confidentiality

Our conversation will be recorded and transcribed and will be not be shared with anyone except with my supervising faculty. The recording will be destroyed once the interview has been transcribed. Your name will not appear in any thesis or report resulting from this study. If I quote you, I will use a pseudonym.

Your transcribed conversation will be stored on the student principal investigator's pass-code protected, personal computer. The transcription will be kept for one year. After this, the transcribed conversations will be removed from the student principal investigator's personal computer. Any paper copies of transcribed conversations will be shredded. Your name will not appear in any thesis or report resulting from this study. If I quote you, I will use a pseudonym.

Voluntary Participation

Participation in this study is completely voluntary. If you wish, you may decline to answer any questions or take part in any part of the study without consequence. You may decide to withdraw from this study at any time and may do so without any penalty or loss of benefits to which you are entitled.

Publication of Results

Results of this study may be published in professional journals and presented at conferences.

If specific information that you have shared is published in the study, your name will not be used to protect your privacy.

Contact Information and Ethics Clearance

If you have any questions about this study or require more information, please contact Lisa Petty, Dr. Joyce Engel or Dr. Jenn Salfi using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at

Brock University (File 14-283-Engel). If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

Consent Form

I agree to participate in the study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to ask questions and request additional details. I understand that I may withdraw this consent at any time.

Name: _____

Signature: _____

Date: _____

Appendix D

Sample Memo Taking

NOTES: After the recording stopped, Gillian really opened up about her relationship with her husband and how she thinks she'd prefer to be single at this point in her life. She spoke about her husband's negative attitude and long-standing issues. She spoke of his serious heart condition, and how she was on the verge of leaving him before he almost died – and then did die several times on the operating table. She didn't feel right leaving him while he needed so much care, despite the fact that her children would support a parting of ways for their parents. She talked of how he is a drain on her reserves, always trying to control her activities, and gave the example of inviting himself along on her planned trip to Toronto to spend time alone with her daughter and grand-daughter (a daughter with whom he has a strained relationship.) She also said that he is 'old' now (he can't exercise or barely walk a block) and she is still young and vibrant and he slows her down.

She also spoke of another health diagnoses, which is a newly developed autoimmune skin condition that covers much of her body but is mostly hidden by her clothing. She wonders if there is some sort of hormone connection to the condition.

When we parted company, she indicated that everything we spoke about after the recorder stopped could also be included in the research if I thought it would be helpful.

When our after-chat conversation ended, I reflected on how Gillian's behaviour had morphed from start to finish of our time together. She was kind of snappy in the beginning like the conversation annoyed her. I had a sense that Gillian was playing a role (perhaps of nurse or professional) for our research conversation, and allowed herself to be honest and real only towards the very end of our chat, and when the formal interview was coming to an end/over. Perhaps it takes her a long time to feel comfortable with new people.

Appendix E

Grouping Themes

